

**SAINT MARY'S NEWCOMERS FORM**  
(Please Print)

Welcome to St. Mary's. Please take the time and fill out this form for our records. Mail back to; St. Mary's Episcopal Church, Attn: Allison Bresette, P.O. Box 395, Barnstable, MA 02630. If you have any questions you may contact me at : 508-362-3977 – Email: YOUTH@stmarys-church.org

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

May we list your cell phones in our directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Home Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Alternate Address: \_\_\_\_\_

\_\_\_\_\_

Birth Date (Mo/Day/Year) \_\_\_\_\_ Birth Date (Mo/Day/Year) \_\_\_\_\_

Marriage Date (Mo/Day/Year): \_\_\_\_\_

Confirmation Date (Mo/Day/Year): \_\_\_\_\_ Confirmation Date (Mo/Day/Year): \_\_\_\_\_

Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_ Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_

Child Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Birth Date (Mo/Day/Year) \_\_\_\_\_ Birth Date (Mo/Day/Year) \_\_\_\_\_

Confirmation Date (Mo/Day/Year): \_\_\_\_\_ Confirmation Date (Mo/Day/Year): \_\_\_\_\_

Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_ Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_

Child Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Birth Date (Mo/Day/Year) \_\_\_\_\_ Birth Date (Mo/Day/Year) \_\_\_\_\_

Confirmation Date (Mo/Day/Year): \_\_\_\_\_ Confirmation Date (Mo/Day/Year): \_\_\_\_\_

Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_ Baptized: \_\_\_ Yes \_\_\_ No Date (M/D/Y): \_\_\_\_\_

If you are transferring from another Parish please list the Parish name and address so I may request a letter of transfer from them: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_