

INSTRUCTIONS FOR COMPLETING PARISH MEMBERSHIP APPLICATION

General Instructions

Do not leave any blank spaces. If the question does not apply to you, put N/A in the space. If you do not know the answer to a question, put UNK in the space.

Fill out front and reverse sides of the form.

Put all dates in the form of Month/Day/Year (MM/DD/YYYY).

Enter only those children that are living at home. If your child is an adult, you may register them with your family or they may fill out a registration form for themselves.

Instructions for Numbered Items

1. This number will be found on your envelope. For new members, a number will be assigned to you.
2. Enter last name only.
3. Enter number and street. Include lot or apartment numbers if applicable.
4. If you receive your mail at a Post Office box, enter that here.
5. Enter city in which you live. (If different from your mailing address, please note.)
6. Enter zip code.
7. Enter date you complete this form.
8. Telephone number. We will assume your area code is 727 unless you state differently.
9. If your phone is unlisted, please circle N. If not, circle Y. This information is confidential and will not be released to anyone.
10. Complete e-mail address.
11. Name and phone number of someone we can contact in case of an emergency.
12. Given first name. If you have a nickname you are known by, enter that on the reverse.
13. Middle Name.
14. Last Name. This will normally be the family name if you are married.
15. Maiden name.
16. Enter M for male or F for female.
17. Ethnic background. Examples would be: German, Hispanic, Mexican, American, etc.
18. Enter one of the five categories: 1. American Indian (or Alaska Native), 2. Asian, 3. Black, 4. Pacific Islander (or Native Hawaiian), 5. White.
19. Date of Birth (day, month and year)
20. Marital status. Enter Chu Mar (Church Married), Div (Divorced), Mar (married civilly), Sgl (single), or Wid (widowed)
21. Date of your marriage (month, day and year)

PARISH MEMBERSHIP APPLICATION

Church of the Transfiguration • 4000 43rd Street North • St. Petersburg, FL 33714-4335 • Phone (727) 525-0262

1. Member # _____ 2. Family Name _____ 3. Street Address _____
 4. P.O. Box _____ 5. City _____ 6. Zip Code _____ 7. Date Registered _____
 8. Telephone _____ 9. Unlisted (Y/N) _____ 10. E-mail Address _____
 11. Emergency Notification _____

	Head of House	Spouse	First Child	Second Child	Third Child	Fourth Child
12. First Name						
13. Middle Name						
14. Last Name						
15. Maiden Name						
16. Gender						
17. Ethnic Background						
18. Race						
19. Birth Date						
20. Marital Status						
21. Wedding Date						
22. Handicapped (Y/N)						
23. Religion						
24. Level of Education Obtained						
25. Principal Language						
26. Secondary Language						
27. Occupation						
28. Place of Employment						
29. Work Phone Number						
30. Ministries						
31. Talents						
32. Date of Baptism						
33. Place of Baptism						
34. Date of First Reconciliation						
35. Place of First Reconciliation						
36. Date of First Communion						
37. Place of First Communion						
38. Date of Confirmation						
39. Place of Confirmation						