



14851 Gideon Drive
Woodbridge, VA 22192
703-670-0093

MEMBER FORM

May we publish your name and contact information in the All Saints' Church membership directory? YES NO (circle one)

WOMEN, PLEASE COMPLETE TOP SECTION.

Ms. Miss Mrs. Date

First Middle Last Maiden Name

Email Address [] Please check here if you would like to receive the church newsletter and other important church information via e-mail.

Address: Street City State Zip

Home Telephone Cell phone Employer

Birth Date: City and State of Birth:

Baptized: Yes No Date: City and State of Baptism:

Confirmed: Yes No Date: Church where Confirmed:

Yes, you may use photos of me and my family on the Church web site
No, please do not use photos of me or my family on your site.

Denomination:

City and State:

My current Church membership is at:

For those who are members of another church in the Anglican Communion, we will transfer your membership to All Saints.

Name of Church (Prior to All Saints') Denomination

City State

Circle one: Single Married Separated Divorced Widowed

Name of Spouse: Date of Marriage Place City State

May we publish your name and contact information in the All Saints' Church membership directory? YES NO (circle one)

MEN, PLEASE COMPLETE THIS SECTION.

Mr. Email: First Middle Last

Email Address [] Please check here if you would like to receive the church newsletter and other important church information via e-mail.

Address: Street City State Zip

Home Telephone Cell Phone Employer

Birth Date: City and State of Birth:

Baptized: Yes No Date: City and State of Baptism:

Confirmed: Yes No Date: Church where Confirmed:

Yes, you may use photos of me and my family on the Church web site
No, please do not use photos of me or my family on your site.

Denomination:

City and State:

My current Church membership is at:

For those who are members of another church in the Anglican Communion, we will transfer your membership to All Saints.

Name of Church (Prior to All Saints') Denomination

City State

Circle one: Single Married Separated Divorced Widowed

FOR YOUR CHILDREN LIVING AT HOME OR IN COLLEGE

1. NAME _____
 First Middle Last

Birth Date: _____ City and State of Birth _____

Baptized? Yes ___ No ___ Date _____ City and State of Baptism _____

Confirmed? Yes ___ No ___ Date _____ Church where Confirmed: _____

Denomination : _____

City and State: _____

2. NAME _____
 First Middle Last

Birth Date: _____ City and State of Birth _____

Baptized? Yes ___ No ___ Date _____ City and State of Baptism _____

Confirmed? Yes ___ No ___ Date _____ Church where Confirmed: _____

Denomination : _____

City and State: _____

3. NAME _____
 First Middle Last

Birth Date: _____ City and State of Birth _____

Baptized? Yes ___ No ___ Date _____ City and State of Baptism _____

Confirmed? Yes ___ No ___ Date _____ Church where Confirmed: _____

Denomination : _____

City and State: _____

4. NAME _____
 First Middle Last

Birth Date: _____ City and State of Birth _____

Baptized? Yes ___ No ___ Date _____ City and State of Baptism _____

Confirmed? Yes ___ No ___ Date _____ Church where Confirmed: _____

Denomination : _____

City and State: _____

If necessary, attach additional sheets with the above information on additional names.

How did you happen to come to All Saints'? _____ drive-by _____ internet _____ friend _____ special event _____
(please note which one)

_____ other _____
(please note)