



LETTER OF TRANSFER

PLEASE TYPE OR PRINT CLEARLY

We will gladly arrange to have your membership transferred to Christ Church from your previous church. To help us do that, please fill out the information below.

Information about you			
Name		Date of Birth:	
			Month/Day/Year
Address:			
	Street, City, State, Zip		
Phone		Email	

Names and birth dates of other family members who wish to transfer			
Full Name:		Date of Birth	
Full Name:		Date of Birth	
Full Name:		Date of Birth	
Full Name:		Date of Birth	
Full Name:		Date of Birth	
Full Name:		Date of Birth	

Previous Church			
Name:			
Address:			
Phone:		Contact Person:	

Other information you would like Christ Church to know:			
Anniversary Date:			
Additional email:		Name	
Emergency Contact (name and contact information)			
Other Information:			

Signature

Date