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.

Informatio	n about	you											
Name								Date	of Birth:				
								•		Mor	nth/Day/Y	ear ear	
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 C	Church												
Name:													
Address	s:												
Phone:						Сс	ntact Po	erson:					
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Other info		you woi	ıld like	Christ C	hurch to	0 K1	10W:						
Anniversary	y Date:												
Additional								Name					
Emergency and contact													
Other Infor	mation:												

Signature Date

When you have completed the form, please save it and email it to office@ccpki.org. We will confirm receipt and arrange for your membership transfer.