

**St. Thomas' Episcopal Church
Parish Information Form**

Date: _____

Everyone is welcome at St. Thomas'. This form is designed to help us keep our records up-to-date so we can keep you connected to what is going on in the parish.

While not required to participate in the life of St. Thomas', if you wish to become a member of the church according to the church canons, all we need is to have your name and your date of baptism on file. If you have ever been a member of another Episcopal parish, you must have your membership transferred from that parish. Our office can assist you with that process.

St. Thomas' continues to exist and to exercise its ministry because of the faithful giving of its members, expressed in pledges each year according to each person's own financial circumstances. With these pledges, St. Thomas' is able to plan a budget that fits our parish. Pledges can be adjusted at any time by contacting the pledge secretary or the Rector.

I pledge \$ _____ per week / month / year to support the mission and ministry of St. Thomas'.

Primary Contact Full Name	Gender	If Married: Date, Place
Cell Phone	Email	<input type="checkbox"/> Check to receive weekly parish email
Birth Date, Place	If Student: School, Graduation Year	
Baptism Date, Place	Confirmation/Reception Date, Place	
Address	Home Phone	
City, ST Zip		

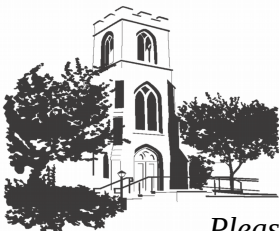
Additional Family Members:

Full Name	Gender	Relationship to Primary Contact
Cell Phone	Email	<input type="checkbox"/> Check to receive weekly parish email
Birth Date, Place	If Student: School, Graduation Year	
Baptism Date, Place	Confirmation/Reception Date, Place	

Full Name	Gender	Relationship to Primary Contact
Cell Phone	Email	<input type="checkbox"/> Check to receive weekly parish email
Birth Date, Place	If Student: School, Graduation Year	
Baptism Date, Place	Confirmation/Reception Date, Place	

Full Name	Gender	Relationship to Primary Contact
Cell Phone	Email	<input type="checkbox"/> Check to receive weekly parish email
Birth Date, Place	If Student: School, Graduation Year	
Baptism Date, Place	Confirmation/Reception Date, Place	

Full Name	Gender	Relationship to Primary Contact
Cell Phone	Email	<input type="checkbox"/> Check to receive weekly parish email
Birth Date, Place	If Student: School, Graduation Year	
Baptism Date, Place	Confirmation/Reception Date, Place	



St. Thomas' Episcopal Church
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 (856)881.9144 office@stthomasglassboro.org

*Please return this completed form (with additional pages as needed)
 to the church office or fold and leave in the offering plate.*