

# Member Information Form

Please print legibly.

New Member  Existing Member

How did you initially find out about The Cathedral Church of St. Peter?

Website  Family  Friend  Social Media  Music Event  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

House Number Street Name City State Zip Code

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Seasonal Resident? Y/N If yes, Address: \_\_\_\_\_

House Number Street Name City State Zip Code

Email Address: \_\_\_\_\_ Hobbies/Skills/Interests: \_\_\_\_\_

Faith Background(s): \_\_\_\_\_  Baptized? Church: \_\_\_\_\_

\_\_\_\_\_  Confirmed? Church: \_\_\_\_\_

Last Parish Membership: \_\_\_\_\_  Would you like us to initiate a transfer?

Spouse/Partner Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hobbies/Skills/Interests: \_\_\_\_\_

Faith Background(s): \_\_\_\_\_  Baptized? Church: \_\_\_\_\_

\_\_\_\_\_  Confirmed? Church: \_\_\_\_\_

Wedding Anniversary Date: \_\_\_\_\_ *Please use the back of the form to include child(ren)'s information.*

I / We are interested in learning more about the following:

Worship ministries:

Choir  Altar Guild  Flower Guild  Acolytes  Ushers

Christian Formation/Education:

Adult  Youth  Children  Bible Study

Fellowship Groups:

Adult  Family  Young Adults

Hospitality Ministries

Pastoral Care Ministries

Outreach Ministries

Racial Justice Ministries

Confirmation/Reception

Marriage at the Cathedral



140 4<sup>th</sup> Street North | St. Petersburg, Florida 33701  
727-822-4173 | [www.spcathedral.org](http://www.spcathedral.org)

**Child Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hobbies/Skills/Interests: \_\_\_\_\_

Faith Background(s): \_\_\_\_\_  Baptized? Church: \_\_\_\_\_

\_\_\_\_\_  Confirmed? Church: \_\_\_\_\_

Other information you would like us to know: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hobbies/Skills/Interests: \_\_\_\_\_

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\_\_\_\_\_  Confirmed? Church: \_\_\_\_\_

Other information you would like us to know: \_\_\_\_\_

