

# The Church of the Good Shepherd

74 High St. PO Box 719, Wareham, Ma 02571

## Membership Registration Form

(Please print clearly)



Family Name: \_\_\_\_\_

Household mailing address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

**Adult(s)/Head(s) of the Household:** *(register dependent children on the back of this form)*

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

First: \_\_\_\_\_

Nickname: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

***Have you been.....***

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**Baptized?** Y or N

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If yes, Date of Baptism \_\_\_\_\_

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If yes, Church of Baptism:  
\_\_\_\_\_

If yes, Church of Baptism:  
\_\_\_\_\_

***Either Confirmed or Received in  
the Episcopal Church?*** Y or N

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the Episcopal Church?*** Y or N

Previous Church attended:  
Name: \_\_\_\_\_

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Denomination: \_\_\_\_\_  
(Episcopal, Roman Catholic, Lutheran...)

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Reason for joining this parish:  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Parish Ministry Interests:  
(new ministry interest for you)  
\_\_\_\_\_  
\_\_\_\_\_

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(new ministry interest for you)  
\_\_\_\_\_  
\_\_\_\_\_

**Dependent Child:**

Full Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
School Grade: \_\_\_\_\_  
Sex: \_\_\_\_\_

**Has he/she been.....**

**Baptized?** Y or N  
If yes, Date & Church of Baptism:  
Date: \_\_\_\_\_  
Church: \_\_\_\_\_

**Confirmed?** Y or N  
If Yes, Church of Confirmation:  
\_\_\_\_\_

Parish Ministry Interests:  
(new ministry interest for you)  
\_\_\_\_\_

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If yes, Date of Baptism  
Date: \_\_\_\_\_  
Church: \_\_\_\_\_

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If Yes, Church of Confirmation:  
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(new ministry interest for you)  
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(new ministry interest for you)  
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Parish Ministry Interests:  
(new ministry interest for you)  
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