

Yes

leaving

Would you like St. John's to request a

transfer letter from your previous church?

Date the Transfer was received (church office only)

No, I will

				Fa	m	ily Information					
Spouse's	Nam	ne									
Cell#				E-mail:							
	Name					Best Contact			Date of Birth		
Child											
Child											
Child											
Child											
Child											
				Worshir	p a	and Faith Forma	ation	l			
8:30 am		Your Favori						Your Favorite Bible Passage			
11:15am			,			,		,			
4:30pm											
Н	ow do	you s	see yourself	participa	tiı	ng in the life of	the	congrega	tion	at St. Joh	ın's?
Personal Information											
Your Occupation						Years?			Retired		
Special Skills						,			7 (3 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7		
Hobbies											
Causes you are											
passionate about?		out?									
Ways that you											
would like to carry											
forward personal ministry at SILC											
ministry	at SIL										