



St. Andrew
A Community of Faith in Action

Newcomers Form

Date _____

Name _____ Sex: M__ F__

Address _____

City _____ ST _____ Zip _____

Email Address _____ Occupation _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Have you been Baptized Yes__ No__

Marital Status _____ Date Married _____ Where _____

Spouse

Name _____ Sex: F__ M__

Cell Phone _____ Email Address _____

Occupation _____

Date of Birth _____ Have you been Baptized Yes__ No__

Children

Name _____ Age ____ DOB ____/____/____

Name _____ Age ____ DOB ____/____/____

Name _____ Age ____ DOB ____/____/____

- Yes, I'd like to become a partner at St. Andrew.
- Yes, I'd like giving envelopes.
- Need more time to think.