

# Mailing List and Newcomer Information Form

Please complete and return to:  
**St. James' Episcopal Church**  
11815 Seven Locks Rd., Potomac, MD 20854

*Office Use Only:*  
Date Received:  
Date Entered:

## Household Information

Last Name of Household \_\_\_\_\_  
Street Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
Wedding Anniversary (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

*Complete the following for each family member whom you wish to include in the Parish Directory*

### Primary Head of Household

First Name and Middle Initial \_\_\_\_\_ Nickname \_\_\_\_\_  
(Circle appropriate title) Mr. Dr. Mrs. Ms. Miss Other \_\_\_\_\_ Birthday (M/D/Y) \_\_\_\_\_  
Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ M \_\_\_ F \_\_\_  
Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_  
*Church (denomination) City/State*  
Please write to my former church, transferring my membership to St. James'.  
Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Secondary Head of Household

First Name and Middle Initial \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name, if different \_\_\_\_\_  
(Circle appropriate title) Mrs. Ms. Miss Dr. Mr. Other \_\_\_\_\_ Birthday (M/D/Y) \_\_\_\_\_  
Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ M \_\_\_ F \_\_\_  
Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_  
*Church (denomination) City/State*  
Please write to my former church, transferring my membership to St. James'.  
Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Areas of Interest

\_\_\_\_\_ I would like a call from the clergy.  
\_\_\_\_\_ I would like more information on (check all that apply)  
\_\_\_\_\_ Sunday School \_\_\_\_\_ Youth Programs  
\_\_\_\_\_ Missions & Outreach \_\_\_\_\_ Music  
\_\_\_\_\_ Fellowship Events \_\_\_\_\_ Adult Christian Education  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ I would like to volunteer by \_\_\_\_\_.

***Please list dependent children on the reverse of this form. Independent children and seniors, even if they live with you, should complete and return their own forms.***

**Child #1**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name, if different \_\_\_\_\_

Birth Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_ Name of School \_\_\_\_\_

Email \_\_\_\_\_ M \_\_\_ F \_\_\_

Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

*Church (denomination)*

*City/State*

Where? \_\_\_\_\_

*Church*

*City/State*

**Child #2**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name, if different \_\_\_\_\_

Birth Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_ Name of School \_\_\_\_\_

Email \_\_\_\_\_ M \_\_\_ F \_\_\_

Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

*Church (denomination)*

*City/State*

Where? \_\_\_\_\_

*Church*

*City/State*

**Child #3**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name, if different \_\_\_\_\_

Birth Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_ Name of School \_\_\_\_\_

Email \_\_\_\_\_ M \_\_\_ F \_\_\_

Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

*Church (denomination)*

*City/State*

Where? \_\_\_\_\_

*Church*

*City/State*

**Child #4**

First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Last Name, if different \_\_\_\_\_

Birth Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_ Name of School \_\_\_\_\_

Email \_\_\_\_\_ M \_\_\_ F \_\_\_

Baptized? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

*Church (denomination)*

*City/State*

Where? \_\_\_\_\_

*Church*

*City/State*