Saint Andrew's
Episcopal Church

Request for Letter of Transfer from another Episcopal Church

Today's date_____

Full Name _____

Date of Birth _____Place of Birth_____

Maiden Name (if applicable) _____

Email: _____

Phone: _____

Home Address _____

_____

Former Church _____

_____

Please include if known:

Date of Baptism: _____

Place of Baptism: _____

Date of Confirmation: _____

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