



St. Alban's Parish

3001 Wisconsin Avenue NW, Washington, DC 20016
Tel: 202-363-8286 Fax: 202-363-6828
Email: JaneV@st-albans-parish.org
Web site: www.AlbansDC.org

Membership Application & Transfer-in request

Please print.

If not transferring from another church, applicant will be recorded as a member of St. Alban's when this application is received. If transferring from another parish, applicant will be recorded as a member of St. Alban's when letter of transfer is received from the previous parish.

Full name _____ Male Female

Date of birth _____ Place of birth (city/state/country) _____

Address _____ Apt. # _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Email #1 _____ Email #2 _____

Married or Committed relationship (name of spouse or partner) _____

Single Widowed Student Name of school _____

If known, date of baptism _____ Place (parish/city/state) _____

If known, date of confirmation _____ Place (parish/city/state) _____

Transfer of individual Transfer of family, *If transfer of family, also complete the back side.* 

Complete this section only if transferring from another church.

Request for Canonical Letter of Transfer

Recorded name at previous church (e.g. maiden name) _____

hereby requests

Church _____

Address _____

City _____ State _____ Zip code _____

Denomination _____ Phone (if known) _____

to transfer my/our church affiliation/membership to St. Alban's Episcopal Church in Washington, DC.

Please mail appropriate document(s) to St. Alban's, ATTN: J.K. Volkema

Signature of Rector or Parish Administrator _____

The Reverend Scott A. Benhase
Rector

Jane K. Volkema
Director of Parish Administration

Provide information for all members of the family to be transferred. If person is not baptized or confirmed, leave the space blank.

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____

Full name _____ Male Female

Date of birth _____ Place of birth *(city/state/country)* _____

If known, date of baptism _____ Place *(parish/city/state)* _____

If known, date of confirmation _____ Place *(parish/city/state)* _____