



“ON THE CANTERBURY TRAIL”

CHURCH *of the* INCARNATION

INFORMATION SHEET

Date _____

NAME Title: Mr. Mrs. Ms. Miss Dr. Other _____

First & Middle (legal name) _____

Last _____ Nickname _____

Date Of Birth: ____/____/____ Age _____

Sex: M F

Marital Status: Single Married Widowed Divorced Separated

Address _____

City _____ Zip _____

Home Phone (____) _____

Business Phone (____) _____

Mobile Phone (____) _____

Fax (____) _____

E-Mail _____

Occupation _____

Baptism Date ____/____/____ (*list approximate year if not sure of date*)

Church or Tradition where Baptism occurred _____

Confirmation Date ____/____/____ (*list approximate year if not sure of date*)

Church or Tradition where Confirmation occurred _____

If not an Anglican/Episcopalian, name & location of previous church

Purpose for taking “On the Canterbury Trail” (*check all that apply*)

- Baptism Reception (*if a confirmed Roman Catholic or Orthodox*)
 Confirmation Personal growth and Christian formation
 Accompanying someone preparing for above Other