New Philadelphia Moravian Church Application for Church Membership

This application is posted on-line for the convenience of those who wish to join New Philadelphia Moravian Church. Ordinarily, it is filled-in after a visit with one of our pastors. When completed you may email the document to rachel@newphilly.org; or print and mail it to:

Mrs. Rachel Weavil New Philadelphia Moravian Church 4440 Country Club Road Winston-Salem, N.C. 27104

• Please fill in the appropriate sections to the best of your ability, but don't worry about details you cannot recall. Often, we can fill them in when we receive the transfer information from your former church.

Title, first name, middle/initial/maiden/last, Sr./Jr./3rd, etc.

Personal Information			
My name			
My Birthday			
My Birthplace			
Spouse's name			
Spouse's birthday			
Spouses' birthplace			
Our Street Address			
City, State, Zip			
Our Phone Number(s)	(Indicate if Cell, Home, Work)		
Our Email Address(es)			
Date and Place of Marriage			

My Church Involvement		
Church		
Address		
City, State Zip		
City, State Zip	Confirmation	
Date	Commination	
Church		
Address		
City, State, Zip		
City, State, Zip	Adult Baptism	
Date	Tradit Duptishi	
Church		
Address		
City, State, Zip		
	Last Church*	
Name		
Address		
City, State, Zip		
	te to this church for transfer request Yes \square or No \square	
	Spouse's Church Involvement	
	Infant Baptism	
Date		
Church		
Address		
City, State Zip		
	Confirmation	
Date		
Church		
Address		
City, State, Zip		
	Adult Baptism	
Date		
Church		
Address		
City, State, Zip		
	Last Church**	
Name		
Address		
City, State, Zip		
*Do you want us to writ	te to this church for transfer request Yes \square or No \square	

F	T
Name of Child	
Is this child joining with you	ı? Yes □ or No □
Birthday	
Place of Birth	
Infant Baptism*	
Date	
Name of Church	
Confirmation*	
Date	
Name of Church	
Adult Baptism *	
Date	
Church	
Special Instructions re this o	child.* Ex: I would like to have this child baptized the Sunday we join?, Etc.
Name of Child	
Is this child joining with you	ı? Yes □ or No □
Birthday	
Place of Birth	
Infant Baptism*	
Date	
Name of Church	
Confirmation*	
Date	
Name of Church	
Adult Baptism *	
Date	
Church	
Special Instructions re this o	child.* Ex: I would like to have this child baptized the Sunday we join?, Etc.
Name of Child	
Is this child joining with you	ı? Yes □ or No □
Birthday	
Place of Birth	
Infant Baptism*	
Date	
Name of Church	
Confirmation*	
Date	
Name of Church	
Adult Baptism *	
Date	
Church	
	child.* Ex: I would like to have this child baptized the Sunday we join?, Etc.
•	

Family History***		
Father's Name	Tuning Institu	
Mother's Maiden Name		
Spouse's Father		
Spouse's Mother Maiden Name		
	an official depository of records. This information you supply here will be wes and future generations of your family will be able to trace their roots.	
	Method of Reception****	
For Me		
For My Spouse		

*****List One:

Transfer of Letter---from another Church;

Reaffirmation of Faith---which means you have been baptized, but for one reason or another, prefer not to transfer by letter from your last church;

Adult Baptism---we practice baptism by sprinkling or by pouring.

In submitting this application, I hereby make application for membership in New Philadelphia Moravian Church, and authorize New Philadelphia to contact my former church. I agree to abide by the rules and regulations of the Moravian Church, and, according to my ability, to attend the Holy Communion and other services of worship, to contribute to the financial support of the Church and to serve in promotion of the cause of Christ.

Signed	
Dated	

Last updated: 7/28/2021