

The General Church of the New Jerusalem
Application for Membership

Bishop of the General Church of the New Jerusalem
Post Office Box 743
Bryn Athyn, Pennsylvania 19009 USA

Dear Bishop,

I hereby apply to be received as a member of The General Church of the New Jerusalem. I have been baptized into the faith of the New Church, and I subscribe to the principles and purposes of the General Church. I am at least twenty years of age.

(Signature) _____

(Date) _____
(Month) (Day) (Year)

*In order to ensure that information on file is correct, please complete this form. Please **Print** Clearly.*

Name in full _____

Name to appear in address (if different) _____

___ Ms. Address: _____
___ Miss _____
___ Mrs. _____
___ Mr. _____
___ Other _____

Birth: Date: _____ Place: _____
(Month) (Day) (Year)

Father's name in full _____

Mother's maiden name in full _____

Baptism: Date _____ Place _____ Minister _____
(Month) (Day) (Year)

If confirmed: Date _____ Minister _____
(Month) (Day) (Year)

If married, name of husband or wife _____

Marriage: Date _____ Place _____
(Month) (Day) (Year)

Former church affiliation _____

Do you read English? ___ Yes ___ No Which languages can you read? _____

Return this application to address shown above.

For Office use only:

Application granted: _____ Certificate No. _____

_____ Date _____

Bishop