

**NEW MEMBER**

**ST. PETER'S UNITED CHURCH OF CHRIST  
3106 EAST CARMEL DRIVE CARMEL, IN 46033  
317-846-6882 stpeters@stpeterscarmel.org**

**Date:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Please have the church secretary write for my (our) letter(s) of transfer for:**

\_\_\_\_\_

**Transferring From:**

**Name of Church** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Pastor:** \_\_\_\_\_

**Transferring To:**

**Name of Church** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Pastor:** \_\_\_\_\_

\_\_\_\_\_ **I would like the pastor to set a date for the baptism of:**

\_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_