## REQUEST FOR TRANSFER / RELEASE OF MEMBERSHIP

I / We:			_	.	
(Full Name)		(Birthday)	(Baptism Date)	(Confirm	ation Date)
(Full Na	ume)	_ (Birthday)	_ _ (Baptism Date)	Confirm	ation Date)
Address:(Street)		(City)		(State)	(Zip Code)
Home Phone:		Cell Phone (M	ale):		
	(	Cell Phone (Fe	emale):		
Email Address:					
Place of employment	t (male):				
Place of employment	(female):				
(If children please list: full .	•	_	•		,
	E: day: Baptism Date:				
	_				
			Grade: Confirmation Date:		
•			Grade:		
		_	Confirmation Date:		
	et additional children				
Request that my / our reco	ords and membership		, 1 5 ,		
TRANSFERRED FRO		Name of congr	egation)		
	(	Address)			
	(	City)	(St	ate)	(Zip Code)
TRANSFERRED TO:	Resurrection 1 P.O. Box 714 Mitchell, Sout				
Signed:		1	Date:		
Signed:		Date:			
*Note to transferring or rela					

on the above listed people would be greatly appreciated.

## MILITARY ACTIVITY

## PLEASE PROVIDE:

- 1. A PICTURE OF YOURSELF IN UNIFORM WHEN YOU SERVED
- 2. A CURRENT PICTURE OF YOURSELF

(Male)	Rank:			
	Branch of Service:			
	Date of Induction:			
	Date of Discharge:			
	Spent most of time where:			
	Comments:			
(D. 1.)				
(Female)	Rank:			
	Branch of Service:			
	Date of Induction:			
	Date of Discharge:			
	Spent most of time where:			
	Comments:			