



REQUEST OF TRANSFER/BAPTISMAL CERTIFICATE LETTER

Send this form to your previous church of membership,
as well as a copy to St. Michael's Church (attn: Barbara Miller)
on each family member being transferred. Thank You!

71 Broad Street
Charleston, South Carolina 29401
843.723.0603
www.stmichaelschurch.net

Previous Church Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This person named below has been worshipping at St. Michael's Church and intends to become a member.

Please complete and return this form or provide the requested information on a "Letter of Transfer" form,
and return to St. Michael's Church.

Full Name: Dr./Mr./Mrs./Ms./Miss _____

Date of Birth _____ City _____ State _____

Date of Baptism _____ Church Name _____ Denomination _____

Date of Confirmation _____ Church Name _____ Denomination _____

Communicant: Yes No

Should you wish to correspond with the person being transferred, the address is:

Thank you for your assistance! ~ St. Michael's Church