

Parish Membership Transfer Form

(Stevens Point Deanery)

Name: _____

Address: _____

Current Parish: _____

Future Parish: _____

I/we, _____, make a formal request to change my/our Christian responsibility from my current parish. My/our reason(s) for making this request include:

I/we understand that this transfer becomes effective when the signatures of the pastors of the involved parishes are given. This request may be discussed by the pastors involved. I/we acknowledge that I/we will not make another similar request within a two year period.

Parishioner(s) Signature(s):	Date:
Current Pastor's Signature:	Date:
Future Pastor's Signature:	Date: