

**CONFIDENTIAL**

**The Church of the Epiphany**

**For Parish Use:** Date Registered \_\_\_/\_\_\_/\_\_\_ Envelope No: \_\_\_\_\_ Please fill information fro every person living in your home who wishes to be a member of the Community of Epiphany

<b>HOUSEHOLD</b>		<b>OCCUPATION</b>			
Family Name _____ (Last name only)		Please list below the first names and occupation of head(s) of household and dependants (over 18) residing with you. Be specific, e.g. electrical engineer not just engineer.			
Address _____		<b>First Name only</b> _____	<b>Occupation</b> _____	<b>Employer</b> _____	<b>Work Phone</b> _____
City, State, Zip _____		_____	_____	_____	_____
Home phone _____		_____	_____	_____	_____
email _____		_____	_____	_____	_____

**ADULTS** Ethnicity \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Complete the following for all Head(s) of Households and Dependants (over 18 years) residing with you. Under Marital Status, please enter one of the following: (Note: the term single is no an option in our data system) Never Married, Married, Widowed, Separated, Divorced, Divorced/Remarried

Last Name	First Name	Birth date	Sex	Marital Status	Religion	Baptized	In what faith?	Confirmed	First Communion	First Penance	Special Needs?	Type of Disability?	Shut-in
_____	_____	___/___/___	___	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	___/___/___	___	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	___/___/___	___	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	___/___/___	___	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

**CHILDREN**

Complete the following for all children residing with you (under 18 years) in the family. Under Religious Education please enter on of the following: Parochial, Parish Program, Neither or Other.

Last Name	First Name	Birth date	Sex	Name of School Attending	Religious Educations Attending	Religion	Baptized	In what faith?	Confirmed	First Communion	First Penance	Handicapped	Type of Disability?
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	___/___/___	___	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Yr _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

## PLANNING YOUR STEWARDSHIP OF TREASURE COMMITMENT

Your gift to the church is:

**A Prayer of Thanks** for the many gifts that you have received.

**Planned**, not a spur-of-the-moment decision, but one that is integrated with your other financial decisions as part of a careful, intentional response to God's generosity.

**Proportionate**. Give in proportion to what you have been given. Some people use the biblical concept of tithe, a tenth, as a guide. Others use a greater or lesser percentage, but in any case the guideline is a proportion of your income.

GUIDELINES FOR STEWARDSHIP GIFTS						
Total Monthly Income	Give 6%		Give 8%		Give 10%	
	Half to Parish	Half to Charities	Half to Parish	Half to Charities	Half to Parish	Half to Charities
\$500	\$ 15/mo.	\$15/mo.	\$20/mo.	\$20/mo.	\$25/mo.	\$25/mo.
\$1,000	\$30	\$30	\$40	\$40	\$50	\$50
\$2,000	\$60	\$60	\$80	\$80	\$100	\$100
\$3,000	\$90	\$90	\$120	\$120	\$150	\$150
\$5,000	\$150	\$150	\$200	\$200	\$250	\$250
\$9,000	\$270	\$270	\$360	\$360	\$450	\$450

### CALCULATE YOUR STEWARDSHIP PLEDGE TO EPIPHANY

Your Income \_\_\_\_\_ x percentage \_\_\_\_\_ % =

Annual Pledge \_\_\_\_\_

Example:

\$30,000 x 5% = \$1,500 = Annual Pledge

\$1,500/12 = \$125 = Monthly Pledge

## STEWARDSHIP

**Christians sharing of themselves,  
together, for the good of all.**

*“The gift you have received, give as a gift.” - Matthew 10:*

Please fill in the information requested below. You may drop it in the offertory basket or mail it in.

I acknowledge God's ownership and my stewardship of the generous gifts. As an expression of my love and thanks to God and as a co-worker with Christ, I intend to return to God, through my community, a proportionate amount of my income.

\$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ monthly  
(Complete One)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please bring the completed registration form to the Parish Office, or place it in an envelope and drop it in the collection basket or mail it to the following address.

**THE CHURCH OF THE EPIPHANY**  
914 Old Harrods Creek Road  
Louisville, Kentucky 40223

*“Each one of you has received a special gift, so like good stewards responsible for all these different gifts of God, put yourselves at the service of others.” 1 PETER 4:10*