

GRACE EPISCOPAL CHURCH  
Baldwinsville, New York

REQUEST FOR A LETTER OF TRANSFER

Date\_\_\_\_\_

In accordance with Title 1 Canon 16 Section 5 (a),

I, \_\_\_\_\_ a communicant of

\_\_\_\_\_ Parish or Mission

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

In the Diocese of \_\_\_\_\_

Request that my letter of transfer be sent to Grace Episcopal Church, P.O. Box 6  
Baldwinsville, New York, 13027, in the Diocese of Central New York.

\_\_\_\_\_ Name

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State \_\_\_\_\_ Zip Code

Please transfer the following:

Name                      Birth date                      Baptism Date                      Confirmation Date