

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