

# saintJames

episcopal church | lancaster

REQUEST FOR LETTER OF TRANSFER	
<b>To the Rector or Vicar of:</b>	
_____	
(Church)	
_____	
(Street)	
_____	
(City, State, Zip)	
 <b>Please send an official <i>Letter of Transfer</i> for me/us to:</b>	
_____	
(Church)	
_____	
(Street)	
_____	
(City, State, Zip)	
 <b>Signed,</b>	
_____	
(Name)	
_____	
(Date of Confirmation, approximate, if necessary)	
_____	
(Date of transfer to church now leaving)	
_____	
(Full name at Confirmation, if different than at present)	
_____	
(Names of other family members being transferred)	
_____	
(Names of other family members being transferred)	

MP7821

119 North Duke Street  
Lancaster, PA 17602  
717-397-4858  
717-397-7548 fax  
office@stjameslanpa.org  
www.stjameslanpa.org

founded 1744