

**St. Peter's Episcopal Church**

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**St. Peter's**

EPISCOPAL CHURCH WESTON

*Please return this form by mail or give it to our clergy or lay leaders.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Children (names/ages) \_\_\_\_\_

I/We would like to visit with Clergy     I/We would like to be on the mailing list     Other \_\_\_\_\_