



Sister Parish Church Membership Data Sheet and Questionnaire

The information on this form will help Sister Parish staff in developing your sister parish relationship.

Name of church or faith community: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Website: _____

Denomination/Affiliation: _____

Primary Contact Name: _____	Alternate Contact Name: _____
--------------------------------	----------------------------------

Address: _____	Address: _____
----------------	----------------

City: _____	City: _____
-------------	-------------

State: _____ Zip Code: _____	State: _____ Zip Code: _____
------------------------------	------------------------------

Telephone: _____	Telephone: _____
------------------	------------------

E-mail Address: _____	E-mail Address: _____
-----------------------	-----------------------

Other names of people involved in the completion of this form:

How many members are registered in your church or faith community?

Sister Parish Church Application Form

Please provide general information on the area where your church or faith community is located (e.g. rural /urban, population characteristics, geography, etc.).

Describe the ministries that your church or faith community has been involved in.

What do you hope for in the Sister Parish relationship?

Do you have any preferences on country or other characteristics of your sister church or faith community in Central America? (e.g. Guatemala/El Salvador, urban/rural setting, indigenous or mestizo population, etc.)

Does this intent to establish a Sister Parish relationship have the approval of your church or faith community?

Other questions or comments:

**Please mail or email completed form to:
Sister Parish, Inc.
PO Box 100
Newtown, CT 06470**

Email: usoffice@sisterparish.org