

Church Membership Resignation Form

Please complete this form to formally request the removal of your name from the church membership roster. This form can be printed, filled out, and submitted to the church office or pastor.

Personal Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Church Information

Name of Church:

Pastor / Minister Name:

Resignation Details

Effective Date of Resignation (MM/DD/YYYY):

Reason for Resignation (Optional / e.g., Relocation, Joining another congregation):

Statement of Intent

I am writing to formally notify you of my decision to resign my membership from the church listed above, effective on the date specified. I request that my name be officially removed from the membership rolls and database.

Member Signature (Sign after printing):

Date of Signature (MM/DD/YYYY):

For Office Use Only

Received By:

Date Received (MM/DD/YYYY):

Action Taken / Date Processed: