

If you would be open to a phone call or personal visit from a parishioner who is a member of our Welcoming Committee, please provide the following information:

Signature

Date

Address

Phone

I do not wish to be contacted.

Last Name _____

First Name _____

Religion _____ Birth date / /
Month / Day / Year

Baptized 1st Communion Confirmed

Address _____ City / Zip _____

Phone _____ Unlisted? Yes No Previous parish _____
Name City / State

Marital Status Single Married Widowed Divorced Church of Marriage _____
Name City / State

Spouse		
Last Name _____		
First Name _____		
Religion _____	Birth date <u> / / </u>	Month / Day / Year
Baptized <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmed <input type="checkbox"/>

Minor Children	Sex	Religion	Birth date	Baptized	Communion	Confirmed	Grade
1.	M F		/ /	Yes No	Yes No	Yes No	
2.	M F		/ /	Yes No	Yes No	Yes No	
3.	M F		/ /	Yes No	Yes No	Yes No	
4.	M F		/ /	Yes No	Yes No	Yes No	

Email: _____

Would you like monthly or weekly envelopes? Please circle.

I would like to enroll in automatic deduction: Yes No

Today's Date _____

For office use only: Envelope # _____