

FAMILY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ APT. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ UNLISTED {Y/N} \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ID #	FIRST NAME (AND LAST IF DIFFERENT FROM ABOVE) LAST, FIRST, MIDDLE	SEX M/F	NICK NAME	BIRTH DATE	RELIGION A	BAPTIZED Y/N	1 <sup>ST</sup> COM. Y/N	CONFIRMED Y/N	SPECIAL NEEDS B	MARITAL STATUS C	MIXED MARRIAGE	OCCUPATION	EMPLOYER
1.	HEAD OF HOUSEHOLD LAST, FIRST, MIDDLE												
2.	CHILDREN'S NAMES LAST, FIRST, MIDDLE (INCLUDE ALL CHILDREN)												
3.	SPOUSE - LAST, FIRST, MIDDLE												
4.													
5.													
6.													
7.													
8.													

LITURGY INTERESTS	STUDY GROUP Y/N	LECTOR Y/N	CANTOR Y/N	EUCCHARISTIC MINISTERS Y/N	FUND RAISERS Head of Household Spouse	ABLE TO WORK Y/N	DONATE PIES Y/N	DONATE CASH Y/N
Head of Household								
Spouse								

DATE OF MARRIAGE \_\_\_\_\_  
 CHURCH OF MARRIAGE \_\_\_\_\_  
 CITY WHERE MARRIED \_\_\_\_\_  
 WIFE'S MAIDEN NAME \_\_\_\_\_

NAME OF FORMER PARISH AND TOWN \_\_\_\_\_

A - RELIGIOUS PREFERENCE	B - SPECIAL NEEDS	C - MARITAL STATUS
CA - CATHOLIC CN - CONVERT BA - BAPTIST CO - CONGREGATIONAL EP - EPISCOPALIAN JE - JEWISH LU - LUTHERAN ME - METHODIST PR - PRESBYTERIAN PT - PROTESTANT OT - OTHER	B - BLIND D - DEAF S - SHUT IN M - MENTAL ILLNESS P - PHYSICAL HANDICAP	M - MARRIED S - SINGLE SEP - SEPARATED WF - WIDOW WM - WIDOWER D - DIVORCED