

DATE _____

ENVELOPE # _____ PDS _____ ENV _____ (Office Use Only)

FAMILY NAME: Last: _____ First: _____ Spouse: _____

TITLE: Mr/Mrs Mr Mrs Ms Miss Dr/Mrs Other _____ PHONE: _____ Unlisted? Yes No

CELL PHONE: _____ EMAIL: _____

PO BOX _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MARITAL STATUS: Church Marriage Married Single Divorced Separated Widowed WILL USE ENVELOPES: Yes No

MEMBER INFORMATION

| | HEAD | SPOUSE | CHILD | CHILD | CHILD | CHILD |
|--|------|--------|-------|-------|-------|-------|
| FIRST NAME | | | | | | |
| LAST NAME (IF DIFFERENT FROM FAMILY NAME; or MAIDEN NAME) | | | | | | |
| RELIGION (IF CATHOLIC, INCLUDE RITE) [Roman, Byzantine, Maronite, etc] | | | | | | |
| LANGUAGES SPOKEN | | | | | | |
| OCCUPATION | | | | | | |
| GRADE IN SCHOOL (CHILD) | | | | | | |
| GENDER (Male / Female) | | | | | | |
| BIRTH DATE <u>00/00/0000</u> | | | | | | |

MEMBER INFORMATION—If more space is needed, please use another sheet

| | HEAD | SPOUSE | CHILD | CHILD | CHILD | CHILD |
|--|---|---|---|---|---|---|
| BAPTISM | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ |
| 1ST COMMUNION | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ |
| CONFIRMATION | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ | Yes _____ No _____ Date _____ (if known) Place _____ |
| MARRIAGE | Yes _____ No _____ Date _____ Place _____ | Yes _____ No _____ Date _____ Place _____ | Yes _____ No _____ Date _____ Place _____ | Yes _____ No _____ Date _____ Place _____ | Yes _____ No _____ Date _____ Place _____ | Yes _____ No _____ Date _____ Place _____ |
| MINISTRIES/TALENTS | | | | | | |
| MINISTRIES/TALENTS | | | | | | |
| I would like to volunteer for | | | | | | |
| Comments/Remarks | | | | | | |