

Envelope No.
(Office Use Only)



Date:

LAST NAME:	HOME PHONE:	FAMILY EMAIL:
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ADDRESS:	CITY:	ZIP CODE:
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Marital Status: Single Married Widowed Divorced Separated **Catholic Marriage:** Yes No

Date of Marriage:	Church & City of Marriage:	Non-Catholic Marriage ex. Lutheran, etc.?
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MEMBER 1:	FIRST NAME:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
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CELL PHONE:	EMAIL:	MAIDEN NAME:	OCCUPATION:
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PARISH & CITY OF BAPTISM:	SACRAMENTS RECEIVED (CHECK ALL THAT APPLY): <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	SPECIAL INTERESTS:
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MEMBER 2:	FIRST NAME:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
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CELL PHONE:	EMAIL:	MAIDEN NAME:	OCCUPATION:
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PARISH & CITY OF BAPTISM:	SACRAMENTS RECEIVED (CHECK ALL THAT APPLY): <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	SPECIAL INTERESTS:
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CHILDREN LIVING AT HOME

First Name	Date of Birth	Male/ Female	Parish & City of Baptism	Check Sacraments Received			Grade Level	Special Interests:
				First Reconciliation	First Communion	Confirmation		
1								
2								
3								
4								
5								

We would like to connect with you (via email) these first few months to share more information about our parish community. Can we email you? Yes No