

Please return to Parish Office or Place in Sunday Collection Plate
APPLICATION FOR CHURCH MEMBERSHIP & PARISHIONER INFORMATION FORM

Please Print

FAMILY NAME: _____

Full Mailing Address: _____
_____ **Postal Code** _____

Street Name & No. if Post Office Box _____

Home Phone No. _____ **Date of Marriage** _____

	<u>DATE OF BIRTH</u>			<u>OCCUPATION</u> or <u>GRADE if Student</u>
	<u>Year</u>	<u>Month</u>	<u>Day</u>	
First Name _____	_____	_____	_____	_____
Spouse's 1st Name _____	_____	_____	_____	_____
1st Child's Name _____	_____	_____	_____	_____
2nd Child's Name _____	_____	_____	_____	_____
3rd Child's Name _____	_____	_____	_____	_____
4th Child's Name _____	_____	_____	_____	_____

Bitamo!