

DATE: _____

Please be sure to notify your current parish regarding this membership change.

FAMILY LAST NAME _____ ADDRESS _____ CITY & ZIP _____

TELEPHONE NUMBER _____ Unlisted? ___ Yes ___ No HOUSING: ___ Own ___ Rent ___ Lives with parents

MARITAL STATUS: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed

PLACE OF MARRIAGE _____ DATE _____ MARRIED BY: ___ Priest ___ Minister ___ Other

HEAD OF HOUSEHOLD/HUSBAND OR SINGLE PERSON

Sacraments received:

FIRST & MI _____ BIRTHDATE _____ RELIGION _____ BAPT ___ COMM ___ CONF ___

OCCUPATION _____ PLACE OF EMPLOYMENT _____ PHONE _____

GRADUATED FROM _____ COLLEGE/MAJOR _____ CURRENTLY ATTENDING _____ YEAR _____

WIFE/MAIDEN NAME

Sacraments received:

FIRST & MI _____ BIRTHDATE _____ RELIGION _____ BAPT ___ COMM ___ CONF ___

OCCUPATION _____ PLACE OF EMPLOYMENT _____ PHONE _____

GRADUATED FROM _____ COLLEGE/MAJOR _____ CURRENTLY ATTENDING _____ YEAR _____

LIST CHILDREN LIVING AT HOME (Oldest/Youngest)

NAME	M/F	DATE OF BIRTH	BAPT	COMM	CONF	MARR	SCHOOL & GRADE/EMPLOYMENT

ADDRESS ENVELOPES TO: ___ Mr/Mrs ___ Mr ___ Mrs ___ Miss ___ Ms ___ No Title FIRST NAME _____ LAST NAME _____