

Family Name		Main Phone	
Mailing Address		<u>Parish Donations</u> Collection Envelopes ____ OR Pre-Authorized (Credit/Debit) ____	
City			
Postal Code			
Email			
Do you give permission to be included in our general communications email? Yes ____ No ____ Do you give permission to be contacted by email? Yes ____ No ____ Signature _____ Date _____			

Please list details on each family member, starting with the envelope holder. Include all children, or other relatives living in the household. Page 1 of 2

	Family Member	Family Member	Family Member	Family Member	Family Member
Last Name <small>If different from family name</small>					
First Name					
Middle Name(s)					
Maiden Name					
Gender M/F	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>
Date of Birth	Year / Month / Day	Year / Month / Day	Year / Month / Day	Year / Month / Day	Year / Month / Day
Marital Status					
Religion					
Occupation					
Cell Phone					
School					

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Last Name <small>If different from family name</small>					
First Name					
Middle Names					
Maiden Name					
Gender M/F	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>	<input type="checkbox"/> Male / Female <input type="checkbox"/>
Date of Birth	<small>Year / Month / Day</small>	<small>Year / Month / Day</small>	<small>Year / Month / Day</small>	<small>Year / Month / Day</small>	<small>Year / Month / Day</small>
Marital Status					
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