

Info. taken by:	Date: / /	Envelope No:
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Envelope Ordered:	Entered in System:
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Family Last Name:	First Name Head of Household:
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Check one for address _____ Mr: _____ Miss
 _____ Mrs. _____ Ms.
 _____ Mr. & Mrs. _____ Other

Signature of person completing this form: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail _____

I wish to receive envelopes for the support of St. Mary Parish: _____ Yes _____ No

Member First Name: List all members by first name. If last name is different from family name, include the different last name after a slash mark (/).	Relation: H - Head S - Spouse C - Child K - Kin	Sex: M - Male F - Female	Birth Date Enter your date of birth Month Day Year	Single Married Widowed Separated Divorced Remarried O - Married out of church	Race: W - White B - Black H - Hispanic A - Asian	Religion: Catholic Protestant Jewish Other	Church Attendance: S - Sundays O - Occasional E - Easter/Christmas N - Never
John	H	M	08/09/42	S	W	C	S
1			/ /				
2			/ /				
3			/ /				
4			/ /				
5			/ /				
6			/ /				
7			/ /				
8			/ /				
9			/ /				
10			/ /				

If not married by a priest, would you like to discuss it with a priest? Yes No

