

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:  
 \_\_\_\_\_ Mrs.  
 \_\_\_\_\_ Mr. & Mrs.  
 \_\_\_\_\_ Miss  
 \_\_\_\_\_ Ms.  
 \_\_\_\_\_ Other:

Signature of person completing this form: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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 (/).	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 O-Oriental	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

