

Office Use Only

Env. # _____
 Area: _____
 Registered: _____

Family Name, Last _____

Address: _____

City/State
 Zip _____

Phone: () _____

Children at Home: Y N

HELLIAS FAMILY? Y N

Comments: _____

FAMILY MEMBER INFORMATION		HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
First Name							
Middle Name							
Maiden Name/Last name if different							
Marital Status: M S D W							
Religion: C-Catholic							
Business Phone							
Cell Phone							
Grade							
Sex: M-Male F-Female							
Birth Date							
Baptism Date							
1st Communion Date							
Confirmation Date							
Marriage Date							
Ministries/Talents							
Volunteer For:							
Email Address:							

Would you like to be a part of the envelope program for tithing? Y N

Prefer electronic tithing? Y N