

CHURCH MEMBERSHIP INFORMATION

DATE:		
PARISH: (Circle one)	REMSEN ST. MARY'S	MARCUS HOLY NAME
	HEAD OF HOUSEHOLD	SPOUSE
TITLE: Circle one	MR. MRS. MISS MS. DR.	MR. MRS. MISS MS. DR.
NAME:		
FIRST		
MIDDLE		
LAST		
MAIDEN		
PREFERRED NAME		
GENDER:		
BIRTH DATE:		
ADDRESS:		
STREET		
PO BOX		
CITY/STATE/ZIP		
ALTERNATE ADDRESS	FROM: _____ TO: _____ (DATE)	
MAILING ADDRESS		
CITY/STATE/ZIP		
EMAIL:		
PHONE:		
HOME		
CELL		
WORK		
EMPLOYER:		
OCCUPATION:		
DATE OF MARRIAGE:		
RELIGION:		
BAPTIZED:	NO YES	NO YES
FIRST COMMUNION:	NO YES	NO YES
CONFIRMED:	NO YES	NO YES
WISH TO RECEIVE ADULT GIVING ENVELOPES: YES NO		
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