

ST. ELIZABETH ANN SETON CATHOLIC CHURCH

NEW MEMBER Yes () No () INFORMATION CHANGE Yes () No ()

Office Use Only
DATE REC'D _____
ENVELOPE _____
letter _____ c entry _____ ov _____

FAMILY LAST NAME _____

Address _____ City _____ State _____ ZIP _____
Telephone _____ E-mail Address _____

HEAD OF HOUSEHOLD

Mr/Mrs/Miss _____ Name _____ Date of Birth _____ Age _____
Religion _____ Marital status _____
Employer _____ Position _____
Work phone _____ Cell phone _____
PLEASE PRINT CLEARLY

SPOUSE

Mr/Mrs/Miss _____ Name _____ Date of Birth _____ Age _____
Religion _____ Marital status _____
Employer _____ Position _____
Work phone _____ Cell phone _____

CHILDREN - In college or younger living at home. (Please fill out a separate form for all adults living with you.)

NAME _____ Age _____ Date of Birth _____ Sex _____
NAME _____ Age _____ Date of Birth _____ Sex _____
NAME _____ Age _____ Date of Birth _____ Sex _____

OFFICE USE ONLY