

Date _____

St. Benedict's Church

Name(s): _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Previous Parish (if local): _____

Envelope Number _____

*Electronic Giving is also available – a sign up form with more information is included in this packet.

Use an X to mark Sacraments received. Write the dates if you know them.

| Parish members living in the home. (please include wife's maiden name) Names | Birth Date | Religion 1 - Catholic 2 - Other 3 - None | Baptism | 1st Penance | 1st Communion | Confirmation | Marriage | Marital Status 1 - Single 2 - Married 3 - Widowed 4 - Separated 5 - Divorced | Occupation |
|---|-------------------|--|----------------|-------------------------------|---------------------------------|---------------------|-----------------|--|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

AREAS OF INTEREST: On the back of this form is a list of parish activities. Please have your family members read through the descriptions in the parish handbook and indicate on the form those activities each person in your family would like to take part in. Write their names after each activity they want to help.