

Family Last Name \_\_\_\_\_ Home Phone (631) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address or PO Box Town Zip Code +4

Email: \_\_\_\_\_

This information is for parish records only. Please PRINT all information in ink

**Do you wish to receive weekly donation envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_**

**PLEASE LIST EVERYONE LIVING AT THIS ADDRESS**

First Name	Middle Initial	Last Name (if different from family name)	Relationship	Religion	Date of Birth	Occupation, special talents or name of school for child
			self			

If you need to list additional names, please use other side