

Office Use Only

Envelopes: Y N

Env. # _____

Area: _____

Registered: _____

Family Name, Last _____ First _____ Spouse _____

Title: Mr./Mrs Mr. Mrs. Miss Dr./Mrs. Address: _____

City/State _____ Zipcode _____ Phone: (573) _____

Email: _____

Children at Home: Y N

SCHOOL FAMILY

HELIAS FAMILY

Comments: _____

FAMILY MEMBER INFORMATION	HEAD	SPOUSE	CHILD	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							
Grade							
Sex: M-Male F-Female							
Birth Date							
Baptism Date							
1st Communion Date							
Confirmation Date							
Marriage Date							
Ministries/Talents							
Volunteer For:							

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

Prefer electronic tithing? Y N