

PARISH DIRECTORY INFORMATION 2016

LAST NAME(S): _____

FIRST NAME(S): _____

CHILDREN'S NAMES: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*PHONE(S): HOME: _____

*CELL(S): _____

*EMAIL(S): _____

*FAMILY BIRTHDATES: _____

Do you wish to have this published in the Directory? (Y)_____ (N) _____

Do you wish to have this published in the Announcement Bulletin and/or Scepter?
(Y)_____ (N)_____

Do you wish to have your photo taken (Y)_____ (N)_____

Do you wish to have a parish mailbox (Y)_____ (N)_____

Do you wish to have giving envelopes (Y)_____ (N)_____

If there is other important information you would like the Parish Office to know, please include it here: _____

PLEASE COMPLETE AND RETURN THIS FORM TO MICHELLE BY PLACING IN THE PARISH SECRETARY MAILBOX.

**Please indicate if you do not want this information published.*