

ST. JOHN THE EVANGELIST CHURCH (FAMINF)

DATE _____ ENVELOPE # _____

FAMILY NAME _____ FIRST NAME _____ MIDDLE INIT _____ (M/M MR MRS MISS MS DR DR/MRS)

WIFE MAIDEN NAME _____ SPOUSE FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONES: HOME _____ Cel # _____ HUSB WORK # _____ WIFE WORK # _____

E-MAIL ADDRESS _____ ADDRESS CHANGE _____ PHONE CHANGE _____

LIST NAMES OF ALL IN FAMILY UNIT	SEX F-M	BIRTH DATE M-D-Y	GRADE	RELIG codes below	BAPT Y-N	PEN-ANCE Y-N	1ST COMM Y-N	CONFIRM Y-N	MARITAL STATUS sg/mr/wd div/sep	OCCUPATION	NEEDS (handicap, etc)
Male (Husband)											
Female (Wife)											
(List Children)											

SKILLS: _____

COMMENTS: _____

Religion B-Baptist E-Episcopal J-Jewish L-Lutheran M-Methodist EC-Eastern Catholics
Codes: MS-Moslem O-Orthodox PB-Presbyterian PR-Protestant RC-Roman Catholic