

CHURCH OF SAINT MARY

80 MANSION STREET, COXSACKIE, NY 12051

Please Print

Date ____/____/____

Mr./Mrs. Mr. Mrs.

Ms. Miss Dr./Mrs.

Last Name _____ First Name _____ Spouses First Name _____

Address _____ ZIP Maiden Name _____

City, State _____ Phone () Listed Unlisted

	Head of House	Sopuse	Dependant Children living at home				Only Those Living at this Address	
			1	2	3	4	Other Adult	Other Adult
First Name								
Last Name if Different								
Marital Status (e.g. Married, Single, Divorced, Seperated, Widow)								
Birth Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Religious Denomination (e.g. Roman Catholic, Jewish, Methodost, Lutheran, Etc.)								
Business Phone								
Highest Grade Achieved								
Sex	M F	M F	M F	M F	M F	M F	M F	M F
School Attending								
Church Attendance (e.g. daily, weekly, occasionally, seldom, never)								
Baptised	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
First Communion	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

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| <p>1. Does family receive The Evangelist? Yes No</p> <p>2. If not receiving The Evangelist, do you wish to receive? Yes No</p> | <p>3. Does family receive parish support envelopes Yes No</p> <p>4. If not receiving, do you wish to receive envelopes? Yes No</p> |
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