

**ST. NICHOLAS OF MYRA PARISH
499 SPRING ST, NORTH DIGHTON, MA 02764**

For office use only
ENVELOPE #

Family Name: _____ **Today's Date:** _____

Address: _____ **PO Box:** _____

City: _____, **State** _____, **Zip:** _____

Phone #: _____ **UNLISTED (Y) (N)** **Cell Phone #:** _____

E-MAIL ADDRESS: _____ **Primary Language Spoken:** _____

DO YOU RECEIVE CHURCH BUDGET ENVELOPES? (Y) (N) **DO YOU WANT TO? (Y) (N)**

PLEASE PRINT CLEARLY

Husband's Name	D.O.B.	RELIGION	BAPT.?	1st COM.?	CONF.?	OCCUPATION
			Y N	Y N	Y N	

Wife's Name (maiden)	D.O.B.	RELIGION	BAPT.?	1st COM.?	CONF.?	OCCUPATION
			Y N	Y N	Y N	

MARITAL STATUS (Circle): SINGLE MARRIED SEPARATED DIVORCED WIDOW/WIDOWER OTHER

WHERE MARRIED: _____

NAMES OF CHILDREN LIVING AT HOME (INCLUDE LAST NAMES IF DIFFERENT)	D.O.B.	RELIGION	BAPT.?	1st COM.?	CONF.?	Attends Religious Ed.	School/Grade
1			Y N	Y N	Y N	Y N	
2			Y N	Y N	Y N	Y N	
3			Y N	Y N	Y N	Y N	
4			Y N	Y N	Y N	Y N	

ANYONE AT HOME PREVENTED FROM ATTENDING CHURCH DUE TO ILLNES OR HANDICAP AND WOULD LIKE TO RECEIVE COMMUNION? EXPLAIN

PLEASE USE REVERSE SIDE FOR COMMENTS