

The Parish of St. Christopher

(Please PRINT all information in INK)

How would you like your mail addressed

Name : _____

Address: _____

Town: _____ Zip: _____

Parish ID (Envelope Code) : 9 9 2 -

E-Mail: _____

Phone: _____

Marriage : Civil or Sacramental

Wife's Maiden Name: _____

Please list all people living in this residence including yourself												
First Name	M I	Last Name	Date of Birth	Religion	Baptism	First Communion	Confirmation	Gender	School or Occupation	Grade	Attending Religious Ed.	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	

This form can also be completed on www.stchris.com and sent by e-mail or mailed to : St. Christopher Rectory 11 Gale Avenue Baldwin NY 11510