ST. PAUL THE APOSTLE CHURCH-UPDATED PARISHIONER INFORMATION / REGISTRATION FORM

Date _____
Family Name _____
Street Address _____**City**_____ **State** ____ **Zip Code** _____
Home Phone_____

Adults (18+) residing at the above address:
First Name _____ **Last Name** _____ **D/O/B** _____
Cell Phone _____ **Email** _____

First Name_____ **Last Name** _____ **D/O/B**_____
Cell Phone_____ **Email**_____ **Relationship** _____

First Name_____ **Last Name**_____ **D/O/B**_____
Cell Phone_____ **Email**_____ **Relationship** _____

Children (-18) residing at the above address:
First Name_____ **Last Name**_____ **D/O/B**_____
First Name_____ **Last Name**_____ **D/O/B**_____
First Name_____ **Last Name**_____ **D/O/B**_____
First Name_____ **Last Name**_____ **D/O/B**_____
First Name_____ **Last Name**_____ **D/O/B**_____

Do you receive envelopes?_____ **Would you like to start receiving envelopes?**_____
Are you out of the Parish: Winter_____ **Summer**_____
Do you currently volunteer at the Parish? _____ **Would you like to be a volunteer?**_____
What year did you join the parish? _____ **Please send me information on E-Giving** _____
Return by mail to: St. Paul the Apostle Church, 2534 Cedar Swamp Rd., Brookville, NY 11545
Return in person to: The Parish Office or in the Collection Basket.

For Parish Use Only: Member number _____ **Revised 05/26**