# 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. Return by email to: info@stpaulsbrookville.org**

**Member number _____** **Revised 05/26**