

FAMILY/ LAST NAME	STREET ADDRESS	APT. #	CITY	ZIP CODE	TELEPHONE					Unlisted
					Home: _____					Y__N__
					Male Cell: _____					
					Female Cell: _____					
CIRCLE: M/M Mr. Mrs. Dr. Ms. _____	MAILING ADDRESS (if different): _____				HIS EMAIL: _____ HER EMAIL: _____					
LANGUAGE SPOKEN: <i>(if other than English)</i>	MASS ATTENDANCE (Circle): Regular Occasional Unable to attend			St. Nicholas Church is a Stewardship Parish. We receive God's gifts gratefully and make a generous return to the Lord. Your envelopes will be sent to your address within two weeks.						
*Please list <u>only</u> family members living at home:	MARITAL STATUS	Disability (if any)	RELIGION	OCCUPATION	SEX (F/M)	BIRTHDATE Month, Day, Year	BAPTIZED (Y/N)	FIRST COMMUNION (Y/N)	CONFIRMATION (Y/N)	Highest Grade Attended, School Attending, Degree
	See Codes Below									
HEAD OF HOUSEHOLD (First Name):										
SPOUSE (include Maiden Name):										
*CHILDREN LIVING IN HOME:										
OTHER FAMILY MEMBERS-RELATIONSHIP										

CODES:

Marital Status:

- CH = Catholic Church Marriage
- M = Married/not in the Catholic Church
- S = Single
- W = Widowed/Widower
- SP = Separated
- D = Divorced

Disability:

- B = Blind
- D = Deaf
- P = Other Physical Disability
- M = Psychological Disability
- E= Educationally Disability
- C = Confined to Home

Religion:

- C = Catholic
- P = Protestant
- J = Jewish
- M = Muslim
- N = None
- O = Other (please specify): _____

PRE-PRINTED CHURCH OFFERING ENVELOPES:

YES _____ NO _____

OFFICE USE ONLY

ID#: _____

AREA: _____

DATE: _____