

FAMILY NAME: _____

Date: _____

MAILING ADDRESS: Street _____ /P.O. Box _____ Town _____ State _____ Zip _____ E-Mail: _____ Phone: _____ Cell: _____	CAPE COD RESIDENCE: Name of Subdivision _____ Street _____ /P.O. Box _____ Town _____ Zip _____
WINTER ADDRESS: Street _____ /P.O. Box _____ Town _____ State _____ Zip _____	OFF-CAPE ADDRESS: Street _____ /P.O. Box _____ Town _____ State _____ Zip _____ Telephone: () _____

Portion of year this family lives here: _____ This family consists of _____ adults and _____ children
 (year-round, summer only, etc.)

FOR MARRIED COUPLES

DATE OF MARRIAGE: ____/____/____

Type of Ceremony: _____
 (Catholic, Protestant, Jewish, Justice of the Peace)

Maiden Name: _____

Place of Wedding: _____

(Parish, if applicable)

City: _____ State: _____

OTHER:

Anyone at home prevented from attending church due to illness or handicap _____ (If so, _____)
 (yes/no) (name)

Occupation of Adults: Name _____	Occupation _____
Name _____	Occupation _____
Name _____	Occupation _____

FAMILY MEMBERS

Please complete one line for each member of the household as follows:

COLUMN 1: Name- First, middle initial, and last
if different from family name.

COLUMN 2: Date of birth should be recorded as follows:
Month/Day/Year

COLUMN 3, 4, 5: Answer yes or no to indicate if Baptized
Catholic, First Communion and Confirmation,
if Non-Catholic simply write NC

COLUMN 6: Mass attendance should be answered with
(R) Regularly; (O) Occasionally; (S) Seldom

COLUMN 7: Marital Status: S - Single; M - Married;
SP - Separated; D - Divorced; W - Widowed

1 Name	2 Date of Birth MO/DAY/YR	3 Baptized Catholic	4 First Communion	5 Confirmation	6 Attends Mass	7 Marital Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Examples:

John C. Smith	11/2/36	Yes	Yes	Yes	R	M
Mary L. Smith	4/22/35	NC	—	—	O	M
Judy A. Smith	6/11/72	Yes	Yes	No	O	S

If you have a talent and would like to donate your time when the need arises it would be greatly appreciated.

Talent _____ Availability _____