

Enter Data for:	Sex Circle One	Birthdate:	School Name
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Please place the completed report in the accompanying envelope and return it to the Church. We would also appreciate your comments/suggestions to help enhance our Parish. Please be assured that all information is strictly confidential.

Child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	First name Surname (if different)		Day	Month	Year	
Child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	First name Surname (if different)		Day	Month	Year	
Child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	First name Surname (if different)		Day	Month	Year	
Child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	First name Surname (if different)		Day	Month	Year	

MINISTRIES/ORGANIZATIONS: (INDICATE BY PERSON'S NAME AND NUMBER THE MINISTRY THE PERSON WISHES TO BECOME INVOLVED IN):

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|----------------------------|----------------------------------------------|----------------------------------------------|
| 1. Alpha | 9. Knights of Columbus | 17. Rite of Christian Initiation of Adults |
| 2. Altarserver | 10. Lector | 18. Rite of Christian Initiation of Children |
| 3. Baptism Preparation | 11. Legion of Mary | 19. St. Vincent de Paul Society |
| 4. Cantor (Leader of Song) | 12. Liturgy of the word program (Gr.s 1 & 2) | 20. Student Choir |
| 5. Catholic Women's League | 13. Marriage Preparation | 21. Usher |
| 6. Adult Choir Member | 14. Musician | 22. Youth Group Work |
| 7. Eucharistic Minister | 15. Pastoral Care of the Sick | |
| 8. Funeral luncheons | 16. Prayer Group (s) | |

_____	_____	_____	_____
First Name	Number	First Name	Number

_____	_____	_____	_____
First Name	Number	First Name	Number

IF SOMEONE IN THE HOUSEHOLD HAS A PARTICULAR EXPERTISE (E.G. HANDYMAN, ARTISTIC TALENT, ETC.) WHICH YOU WOULD LIKE TO PUT AT THE SERVICE OF THE PARISH, PLEASE SPECIFY BELOW:

COMMENTS/SUGGESTIONS: