

## HOLY FAMILY CATHOLIC COMMUNITY - PARISHIONER CARD

Family Last Name:			Par #	Date:
House #	Street Name:	PO Box	City:	Zip Code:
Phone Number (     )			E-mail:	

	First	M	Last (maiden)	Date of Birth	Sex	Marital Status	Couple Married	Baptized	First Communion	Confirmed	Special Needs	Specify Other Needs
	office use only			Mo/Day/Year	Male-1 Female-2	Single-1 Married-2 Widow(er)-3 Separated-4 Divorced-5	Catholic-1 Other-2	Catholic-1 Other-2 Not-3	Yes-1 No-2	Yes-1 No-2	Blind-1 Deaf-2 Disabled-3 Shut-in-4 Other-5	
ADULTS												
CHILDREN LIVING AT HOME												

Receiving Envelopes     *or*      Wish to Receive Envelopes

What can Holy Family do for you? <hr/> <hr/> <hr/>	<p><i>Please call the office at (585) 728-2228 for any assistance we can provide you.</i></p>
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