

CHILDREN IN YOUR HOUSEHOLD				SACRAMENTAL INFORMATION					
NAME	DATE OF BIRTH	M/F	RELATIONSHIP	BAPTIZED? Y/N	DATE	FIRST COMMUNION? Y/N	DATE	CONFIRMATION? Y/N	DATE

Would you like to receive offering envelopes?      YES      NO

Are you interested in serving as a volunteer?      YES      NO

Days and Times you are available: \_\_\_\_\_

- Interests:    Lector                      Eucharistic Minister                      Altar Server                      Usher  
                  Cleaner                      Office Volunteer                      Decorator                      Other

Is there someone in your family who needs to be visited by a Priest or Deacon?    YES      NO

What is their name and nature of their illness? \_\_\_\_\_