

ST. PHILIP'S CHURCH RECORD INFORMATION SHEET (PLEASE PRINT)

(Please include complete dates where mm/dd/yyyy is shown. Year is never published but is required for accurate aggregate parish statistics.)

Adult 1	Last Name		First Name		Middle or Maiden Name		Preferred Name		
	Date of Birth (mm/dd/yyyy)	Anniversary (mm/dd/yyyy)	Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)				
Adult 2	Last Name		First Name		Middle or Maiden Name		Preferred Name		
	Date of Birth (mm/dd/yyyy)	Anniversary (mm/dd/yyyy)	Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)				
Children still living at home or in college	Child 1	Last Name		First Name		Middle Name		Preferred Name	
		Date of Birth (mm/dd/yyyy)	Graduation Year		Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)		
	Child 2	Last Name		First Name		Middle Name		Preferred Name	
		Date of Birth (mm/dd/yyyy)	Graduation Year		Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)		
	Child 3	Last Name		First Name		Middle Name		Preferred Name	
		Date of Birth (mm/dd/yyyy)	Graduation Year		Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)		
	Child 4	Last Name		First Name		Middle Name		Preferred Name	
		Date of Birth (mm/dd/yyyy)	Graduation Year		Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)		
Child 5	Last Name		First Name		Middle Name		Preferred Name		
	Date of Birth (mm/dd/yyyy)	Graduation Year		Baptism (mm/dd/yyyy)	Confirmation (mm/dd/yyyy)	Reception (mm/dd/yyyy)			

Today's Date	
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Local Mailing Address				
Street Address	City	State	Zip Code	Landline Phone

Other Mailing Address (if used more than 3 months per year)				
Street Address	City	State	Zip Code	Landline Phone

Please check your preferred method of contact for each person.				
Adult #1	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Work e-mail	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone
Adult #2	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Work e-mail	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone

Children still living at home or in college	Child #1	Name	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Cell Phone
		College or other address		
	Child #2	Name	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Cell Phone
		College or other address		
	Child #3	Name	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Cell Phone
		College or other address		
	Child #4	Name	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Cell Phone
		College or other address		
	Child #5	Name	<input type="checkbox"/> Personal e-mail	<input type="checkbox"/> Cell Phone
		College or other address		