



ST. CLEMENT PARISH MEMBERSHIP ACTIVITY FORM

(Please Print Information Clearly)

ENVELOPE NUMBER _____

DATE: _____

STATUS: New Parishioner Change of Information Leaving

FAMILY NAME: _____

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ LISTED: Y or N

SALUTATION: _____

(Please indicate how member would like mailings addressed)

MARITAL STATUS: Single Married Divorced Separated Widowed

MALE / HUSBAND <small>First and Last Name</small>	DATE OF BIRTH	RELIGION	BAPTISM	FIRST COM-MUNION	CONFIRM.	MARRIAGE <small>By a Priest</small>	OCCUPATION
FEMALE / WIFE <small>FIRST AND MAIDEN NAME</small>							

LIST ONLY THOSE LIVING WITH YOU

CHILDREN <small>FIRST AND LAST NAME</small>	SEX	DATE OF BIRTH	RELIGION	BAPTISM	FIRST COM-MUNION	CONFIRM.	SPECIAL NEEDS

NOTES: _____

_____ Office Personnel

_____ Data Entry Date

_____ Initials