CONFIDENTIAL : FOR PARISH RECORDS ONLY

Date : / /

The Parish of St. Christopher

(Please PRINT all information in INK)

How would you like your mail addressed

Name : _____

Address: _____

Town: _____ **Zip:** _____

Parish ID (Envelope Code) : 9 9 2 - __ __ __ __

E-Mail: _____

Phone: _____

Marriage : Civil _____ or Sacramental _____

Wife's Maiden Name: _____

Please list all people living in this residence including yourself												
First Name	***MI***	***Last Name***	***Date of Birth***	***Religion***	***Baptism***	***First Communion***	***Confirmation***	***Gender***	***School or Occupation***	***Grade***	***Attending Religious Ed.***	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	
			/ /		Y or N	Y or N	Y or N	M or F			Y or N	

This form can also available on www.stchrisbaldwin.org and can be sent by e-mail: info@stchrisbaldwin.org or mailed to : St. Christopher's Office 15 Pershing Blvd Baldwin NY 11510