

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) : 992 - _ _ _ _

E-Mail: _____

Phone: _____

Marriage : Civil _____ or Sacramental _____

Wife's Maiden Name: _____

Please list all people living in this residence including yourself												
First Name	M / I	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	

This form can also available on www.stchris.com and can be sent by e-mail: info@stchrisbaldwin.org or mailed to : St. Christopher Rectory 11 Gale Avenue Baldwin NY 11510