

CHURCH of SAINT WILLIAM

Today's Date: _____

LAST NAME _____
 (Individual family members to be listed below)

ADDRESS _____
 Street City Zip

HOME PHONE _____

Last Parish attended: _____
 Church City & State

EMPLOYMENT

(Husband) Company where you work: _____

Kind of work: _____ Business Phone: _____

(Wife) Company where you work: _____

Kind of work: _____ Business Phone: _____

MARITAL STATUS: Single () Separated () Divorced () Widow/er ()

Married: Date _____ By Priest () By Minister () Civil only ()

Family Members

NAME (First & Middle)	Date of Birth	Religion	Baptism	First Communion	Confirmation	
Husband:						
Wife:						
Children:						*GRADE

Do you wish to receive Church Envelopes? Yes () No ()

Do you wish to receive the Diocesan Newspaper, "The West Tennessee Catholic"? Yes () No ()
 If "yes" please enclose \$10.00 check made payable to St. William Church.

For Office Use ONLY **Envelope #**