

|            |                  |
|------------|------------------|
|            |                  |
| Parish ID# | Parish Name/City |

|                 |  |
|-----------------|--|
| Reg Date:       |  |
| PS Family ID #: |  |
| Diocesan ID #:  |  |
| Envelope #:     |  |

# CHANGE FORM

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Home Address:  City:  State:  Zip:

Mailing Address (ie: PO Box):  City:  State:  Zip:

Other Address (ie: Snowbirds):

Family Status: Active  Inactive  Home Phone

Previous Parish  Emergency Phone:

## Individual Member Information

|   | MALE ADULT  | FEMALE ADULT  |
|---|---|---|
| <small>(Head of Household, Role: Husband, Wife, etc.)</small> | <input type="text"/>  | <input type="text"/>  |
| First Name/Nickname:  | <input type="text"/>  | <input type="text"/>  |
| DOB (mm/dd/yyyy):   | <input type="text"/>  | <input type="text"/>  |
| Special Needs:  | <input type="text"/>  | <input type="text"/>  |
| 1 <sup>st</sup> Language/2 <sup>nd</sup> Language:            | <input type="text"/>  | <input type="text"/>  |
| Ethnic Origin:  | <input type="text"/>  | <input type="text"/>  |
| School:   | <input type="text"/>  | <input type="text"/>  |
| Education Level:  | <input type="text"/>  | <input type="text"/>  |
| Occupation:   | <input type="text"/>  | <input type="text"/>  |
| Employer:   | <input type="text"/>  | <input type="text"/>  |
| Work Phone:   | <input type="text"/>  | <input type="text"/>  |
| Cell Phone:   | <input type="text"/>  | <input type="text"/>  |
| Email:  | <input type="text"/>  | <input type="text"/>  |
| Sacramental Info:   | Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>                          | Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>                          |
|   | If Other Religion _____   | If Other Religion _____   |
|   | Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> | Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> |
|   | <input type="text"/>  | <input type="text"/>  |
| Marital Status (Circle One):                                  | Single, Married, Separated, Divorced, Widowed   | Single, Married, Separated, Divorced, Widowed   |
| Married by Priest/Deacon? <input type="checkbox"/>            | Wedding Date: <input type="text"/>  | Maiden Name: <input type="text"/>   |
| Celebrant Name: <input type="text"/>                          | Place/Church: <input type="text"/>  | City/State: <input type="text"/>  |

## Additional Family Members/Children Information

|    | Relationship to Head of Household<br><small>(Son, Daughter, Mother, etc.)</small>   | First Name           | Last Name            | Gender               | Birthdate & Birthplace | H.S. Grad Yr         | School First Language |
|----|---|----------------------|----------------------|----------------------|------------------------|----------------------|-----------------------|
| 1. | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
|    | Special Needs (Allergies, Handicaps, etc.) <input type="text"/>   |                      |                      |                      |                        |                      |                       |
|    | Check if Sacrament Received. Catholic? <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> |                      |                      |                      |                        |                      |                       |
|    | Add Date if known. <input type="text"/>   |                      |                      |                      |                        |                      |                       |

Comments: