ST. JAMES CHURCH, COOPERSTOWN – MEMBERSHIP CARD

*** Please Print ***

FAMILY LAST NAME _____

HEAD OF HOUSEHOLD _____ PHONE _____
(first name) (middle initial) (last name)

Occupation _____ Place of Employment _____ Work Phone (Optional) _____

SPOUSE _____ DATE OF MARRIAGE _____
(first name) (last name) (maiden name)

Occupation _____ Place of Employment _____ Work Phone (Optional) _____

STREET ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE +4 _____

Email ADDRESS _____ CELL PHONE NUMBER _____

ALL FAMILY MEMBERS LIVING IN THIS HOUSEHOLD *(Begin with Adult Head of Household. Please complete **all** known information)*

COMPLETE NAME	SEX	MARITAL STATUS	RELIGION	RELATIONSHIP	DATE OF BIRTH	BAPTISM	COMMUNION	CONFESSION	CONFIRMA-TION	SPECIAL NEEDS	HIGHEST GRADE

Family members not living at home: _____

_____ _____

_____ _____

_____ _____

Optional Information:

Date first registered at St. James _____

Former parish _____

Current envelope box number _____

School district _____

We invite you to participate in the life and mission of our parish with your time and talents. What ministry or service would you/your family wish to participate in?

_____

_____

_____

_____

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