

CHURCH OF THE ASSUMPTION
131 UNION AVENUE
PEEKSKILL, NY 10566

NEW PARISHIONERS

HUSBAND

PREFIX (MR) FIRST NAME LAST NAME

HOME PHONE CELL PHONE EMAIL

D.O.B. P.O.B. (CITY, STATE, COUNTRY) RELIGION

MARITAL STATUS CAREER LANGUAGE OF PREFERENCE

WIFE

PREFIX (MRS/MS) FIRST NAME LAST NAME

HOME PHONE CELL PHONE E-MAIL

D.O.B. P.O.B. (CITY, STATE, COUNTRY) RELIGION

MARITAL STATUS CAREER LANGUAGE OF PREFERENCE

ADDRESS CITY/STATE/ZIP CODE

CHILDREN (IF UNDER 18)

PREFIX (MR/MISS) FIRST NAME LAST NAME

HOME PHONE CELL PHONE EMERGENCY PHONE E-MAIL

D.O.B. P.O.B. (CITY, STATE, COUNTRY) RELIGION LANGUAGE

ENROLLED/WILL ENROLL IN CCD? _____
AGE

PREFIX (MR/MISS) FIRST NAME LAST NAME

HOME PHONE CELL PHONE EMERGENCY PHONE E-MAIL

D.O.B. P.O.B. (CITY, STATE, COUNTRY) RELIGION LANGUAGE

ENROLLED/WILL ENROLL IN CCD? _____ (IF MORE CHILDREN ADDITIONAL SPACES ON BACK)
AGE

DO YOU WANT YOUR PICTURE(S) ADDED TO YOUR FAMILY ACCOUNT? _____

Filled By: _____ Date: _____

ENVELOPE NUMBER
INPUT IN OSV INPUT IN CONNECT NOW

PREFIX (MR/MISS) FIRST NAME _____ LAST NAME _____

HOME PHONE _____ CELL PHONE _____ EMERGENCY PHONE _____ E-MAIL _____

D.O.B. _____ P.O.B. (CITY, STATE, COUNTRY) _____ RELIGION _____ LANGUAGE _____

AGE _____ ENROLLED/WILL ENROLL IN CCD? _____

PREFIX (MR/MISS) FIRST NAME _____ LAST NAME _____

HOME PHONE _____ CELL PHONE _____ EMERGENCY PHONE _____ E-MAIL _____

D.O.B. _____ P.O.B. (CITY, STATE, COUNTRY) _____ RELIGION _____ LANGUAGE _____

AGE _____ ENROLLED/WILL ENROLL IN CCD? _____

PREFIX (MR/MISS) FIRST NAME _____ LAST NAME _____

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D.O.B. _____ P.O.B. (CITY, STATE, COUNTRY) _____ RELIGION _____ LANGUAGE _____

AGE _____ ENROLLED/WILL ENROLL IN CCD? _____

PREFIX (MR/MISS) FIRST NAME _____ LAST NAME _____

HOME PHONE _____ CELL PHONE _____ EMERGENCY PHONE _____ E-MAIL _____

D.O.B. _____ P.O.B. (CITY, STATE, COUNTRY) _____ RELIGION _____ LANGUAGE _____

AGE _____ ENROLLED/WILL ENROLL IN CCD? _____