

ST. MICHAEL CHURCH
 458 Maple Street
 Livermore, CA 94550
 925-447-1585

CONFIDENTIAL

For Office Use: Date Entered _____
 Env Number _____

Giving Envelopes: Weekly or Monthly | LAST NAME _____ | FIRST NAME _____ | SPOUSE _____

or Online Giving | P.O. BOX _____ | ADDRESS _____ | CITY _____ | ZIP _____

HOME PHONE _____ | REG. DATE ____ / ____ | MARITAL STATUS _____ | 1. Single, never married 2. Married by priest/deacon 3. Otherwise married 4.
 CELL PHONE _____ | Month Year | Please write in # for status | Widowed 5. Divorced 6. Separated
 EMAIL _____

*Relationship options (for 8th & 9th column) all in relation of Head of Household: adult (AD), child (Ch), mother (MO), father (FA), in-laws (IN), foster (FO), Other (OT)

	Head of Household					*Relationships			
	MALE	FEMALE	CHILD	CHILD	CHILD	CHILD	CHILD	OTHER	OTHER
FIRST NAME									
LAST NAME (If Different)									
MARITAL STATUS									
RELIGION (Specify)									
ETHNIC GROUP **									
LANGUAGE SPOKEN									
OCCUPATION									
BUSINESS PHONE									
SCHOOL ATTENDING									
GRADE									
SEX (Male/Female)									
MASS ON REGULAR BASIS									
BIRTHDATE MM/DD/YY									
BAPTIZED									
FIRST COMMUNION - Yes, No, (H-Here)									
CONFIRMATION - Yes, No, (H-Here)									
MINISTRIES and/or ORGANIZATIONS - Yes, No, (H-Here)									

**Available Language/Ethnic Groups are: (1) Caucasian (2) Black (3) Hispanic (4) Portuguese (5) Italian (6) Filipino (7) Other Asian (8) Native American (9) Other

COMMENTS (Other Side): Are there special needs/requests? How would you like to be active in the Parish? Other