

Parishioner Information Change Form	Date of Change	___/___/___
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*These forms may be turned into the **Parish Office** or the **Collection Basket***

Name	New Street Address	City	State	Zip

New Phone Number

_____ - _____ - _____

Circle Type

Home Cell Work

Phone Number to DELETE

_____ - _____ - _____

MUST have at least 1 working phone number per household

Email Address

ADDING or DELETEING Family Members

Name(s)	Reason for Change	(A) ADD or (D) DELETE- <i>Circle One</i>	If ADDING add DOB
			BELOW
		A OR D	
		A OR D	
		A OR D	
		A OR D	
		A OR D	