

**ST. MICHAEL CHURCH**

458 Maple Street  
 Livermore, CA 94550  
 925-447-1585

**CONFIDENTIAL**

For Office Use: Date Entered \_\_\_\_\_

Env Number \_\_\_\_\_

Please Circle

Envelope: Weekly or Monthly

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_

Please Circle

M/M Mr. Mrs. Ms. Miss Dr. Dr./Mrs.

P.O. BOX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

REG. DATE \_\_\_\_\_ / \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

1. Single, never married, 2. Married by priest/deacon 3. Otherwise married

Month Year

Please write in # for status

4. Widowed, 5. Divorced 6. Separated

\*Relationship options (for 8th & 9th column) all in relation of Head of House: 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 REGUALR BASIS (Y - N)									
BIRTHDATE (Mo/D/Yr)									
BAPTIZED (Y) (N) (H)									
FIRST COMMUNION (Y) (N) (H)									
CONFIRMATION (Y) (N) (H)									
MINISTRIES and/or ORGANIZATIONS									

\*Y =Yes N=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