

Welcome to



The Church of
Saint William

Last Name: _____ Today's Date: _____

Address: _____ Apt # _____

City: _____ ZIP Code: _____

- Phone Number (please include area code) _____ ☐ Check here if unlisted
- E-mail Address: _____

Alternative Address for Snowbirds: Start Date: _____ End Date: _____

Address: _____ Apt.# _____

City: _____ State: _____ ZIP Code: _____

PLEASE LIST ONLY PARISHIONERS WHO LIVE IN YOUR RESIDENCE –

Check which sacraments family members
have received.

Last Name	First Name	M	F	Birth Date (m/d/y)	Grade (student)	Graduation Year(kids)	Marital Status	Religion	Baptism	Eucharist	Confirmation

- List only people who live in your household, we do not need dates for when sacraments were received, we only need to know whether or not the person has received the sacraments.
- Please contact the Parish office if there is anything the parish can do to help you or your family (763-571-5600).
- If you have time or talent that you would like to share, please call the Parish office for a volunteer ministry form.