

**ST. MARY'S OF THE LAKE PARISH CENSUS FORM
10 WEST AUSTIN STREET
SKANEATELES, NY 13152**

TELE: (315) 685-5083 FAX: (315) 685-8327 E-MAIL: stmarys13152@yahoo.com

TODAY'S DATE: _____ DATE ORIGINALLY JOINED PARISH: _____

If you are not receiving envelopes, would you care to do so? (circle one) YES NO Are you interested in Electronic Giving (circle one) YES NO

Please address mail to: (circle one) MR & MRS DR & MRS MR MRS MISS MS DR

LAST NAME: _____ FIRST NAME: _____ SPOUSE'S FIRST NAME: _____

MAILING ADDRESS: _____ STREET ADDRESS: _____

CITY: _____ NY ZIP: _____ E-MAIL ADDRESS _____

PHONE NUMBER: _____ UNLISTED (Circle one) YES/NO FAX NUMBER: _____ E-MAIL: _____

MARITAL STATUS: (Circle one) MAR SING WID SEP DIV

PLEASE LIST TALENTS AND SKILLS (e.g. carpenter, child care, public relations, librarian, computer expert, electrician, financial expert, musical instrument, vocalist, nurse, plumber, teacher, artist, secretary, etc.)

PLEASE INDICATE ANY SPECIAL NEEDS OF ANYONE IN YOUR FAMILY (such as aged, housing, medical, employment occupational training, day nursery care, or other). Please be specific:

OVER