St. Michael the Archangel Catholic Church

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Phone: 337-783-7394

(Please Print)							· · · · · · · · · · · · · · · · · · ·	8		
Family Name		Street Address			Mailing Address				4.	
City	Sta	te Zip Co	de Home P	Phone Cell Phone						
				Husband cell:						
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Email:					wife cell:				,	
Donation Options:				•				<u> </u>		
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First Name	Sex	Birth Date Mo/Day/Yr	Religion	Occ	upation	Marital Status	Date Married	Baptized?	First Comm.?	Confirmed?
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	M/F	/ /					/ /	Yes - No	Yes - No	Yes - No
Spouse – First & Maiden Name										
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Children & Single Adults in Househ	ıold									
71		Birth Date	5.11.1	a .		Grade in	CCDA	D 41 10	First	G # 10
First & Last Name	Sex	Mo/Day/Yr	Religion	School	ol Attended	School?	CCD?	Baptized?	Comm.?	Confirmed?
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We are happy to have you and your family join our family at St. Michael Church. Listed below are a few of the areas of ministry where volunteers are vital assets. If you or one of your family members wishes to become part of one of the groups listed please circle the area of interest. Someone will be contacting you in regards to the ministry chosen. Thank you and welcome to our extended family.

Altar Server Bereavement Committee Confirmation Teacher Eucharistic Minister Décor Choir Reader at Mass

Usher Life Teen Core Member Life Teen Cook Nursing Home Eucharistic Minister

^{**}Please note: we cannot track donations in which an envelope or WeShare is not used.