





CHURCH of the
TRANSFIGURATION
 50 West Bloomfield Road
 Pittsford, New York 14534-9733

LAST NAME ONLY - PLEASE PRINT

Family Last Name _____
 Street Address _____
 City and Zip _____
 Email _____

Would You Like Offertory Envelopes ? Weekly _____ Monthly _____
 Direct Deposit Yes ___ No ___
 Maiden Name _____
 Phone home # _____ cell # _____
 Parishioner # _____

Please Circle Y or N

First Name (adults)	Middle Initial	Single Married Widow(er) Separated Divorced	Gender M F	Date of Birth M/D/Yr.	Catholic Non- Catholic	Baptized Yes	1st Comm. Yes No	Confirmed Yes No	<u>Mass Attendance</u> Weekly Monthly Seldom
						Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	
Dependent Children Living At Home									
First Name	Last Name if different					Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	
						Y / N	Y / N	Y / N	

Husband's Occupation _____

Physical Limitations _____

Wife's Occupation _____