

HOLY NAME PARISH
 1689 Centre Street, West Roxbury, MA 02132
 Phone 617-325-4865 Fax 617-325-5571
 www.holynameparish.com Email holyname.parish@verizon.net

Please check this box if you would like to receive offering envelopes.
 We will assign a number and send a set of starter envelopes.

Env. #:

PLEASE PRINT

<u>Family Name</u>	<u>Husband/Head First & Last Name</u>	<u>Wife/Head First & Last Name</u>	<u>Maiden Name</u>
<u>Mailing Address</u>			
<u>Home Phone</u> (indicate if unlisted)		<u>Family Email</u>	

LIST EVERYONE LIVING IN THE HOUSEHOLD					
Last Name	First Name	Male/Female	Relationship	Birth Date	Catholic?-Y/N
(husband/head)					
(wife/head)					
(child/other)					
(child/other)					
(child/other)					
(child/other)					
(child/other)					
(child/other)					

Check this box if a homebound family member would like to receive communion.

Return to: Marilyn Reynolds Holy Name Parish 1689 Centre Street West Roxbury, MA 02132