JOHN PAUL II POLISH CENTER

ENV. NO. _____

Please PRINT all information

FAMILY NAME _____ PHONE _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____ MEMBER SINCE 19 _____

Specify if: MARRIED / SINGLE SEPARATED / WIDOWED	DATE OF BIRTH	RELIGION	DATE OF BAPTISM	FIRST COMMUNION	CONFIR-MATION	WEEKLY MASS	OCCUPATION
HUSBAND'S NAME							
WIFE'S FULL MAIDEN NAME							

NAMES / CHILDREN and/or RELATIVES LIVING IN YOUR HOME							NAME OF SCHOOL and/or OCCUPATION

Were you married by a priest? YES NO

☐ NEW REGISTRATION ☐ REQUEST ENVELOPES ☐ CHANGE OF ADDRESS ☐ CORRECTION

CODE: C-Catholic NC-Non-Catholic