FAMILY NAME:	STREET ADDRESS:				TEL:		
MAILING ADDRESS:		CITY:			YEAR:		
E-MAIL:							
	Birth.	Вар.	Com.	Conf.	Mar.	School	Occupation
		{Please	indicate	<b>"X"</b> for s	sacrament	s received}	
Church attending:							
Head of household:							
Spouse:							
Children:							
Wedding Anniv							
Do you wish to receive Offe		nvelopes	s? ⊤				* 0047
Yes No							* 2017
FAMILY NAME:	9	STREET	ADDRE	SS:		Т	EL:
MAILING ADDRESS:			CITY:				EAR:
E-MAIL:							
	Birth.	Вар.	Com.	Conf.	Mar.	School	Occupation
	Birth.	Bap.	Com.		Mar. acraments	School  s received}	Occupation
Church attending:	Birth.	_				School s received}	Occupation
Church attending:	Birth.	_					Occupation
Church attending: Head of household:	Birth.	_					Occupation
	Birth.	_					Occupation
Head of household:	Birth.	_					Occupation
Head of household:  Spouse:	Birth.	_					Occupation
Head of household:  Spouse:	Birth.	_					Occupation
Head of household:  Spouse:  Children:	Birth.	_					Occupation
Head of household:  Spouse:	Birth.	_					Occupation
Head of household:  Spouse:  Children:	Birth.	_					Occupation
Head of household:  Spouse:  Children:	Birth.	_					Occupation
Head of household:  Spouse:  Children:		{Please	indicate				Occupation