COLLECTION ENVELOP			PIPHANY PARIS				
		FIRST NAME					MR./MRS. MISS DR/MS.
ADDRESS			CITY		ZIP		
PHONE			_email address				
Marital Status:	Single Married	in Catholic Church _	Married Elsewhe	re Widowed	l Separated_	Divorced_	
Marriage (Date, Pla	ce, Name of Parish						
	Head of House	Spouse	Other/Child	Child	Child	Child	Child
First Name							
Last Name & Maiden Name/Spouse							
Handicap/Disabilities Religion							
Languages Spoken							
Occupation							
School Attending							
Highest Grade/ Degree							
Sex (Male/Female)							
Birth Date (MO/D/YR)							
Baptized (Y/N)							
Penance (Y/N)							
First Communion (Y/N)							
Confirmation (Y/N)							

The Church of Epiphany 615 Thiele Road Brick, New Jersey 08724 732-458-0220

Parish Soft

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