

REGISTRATION FOR ST. LUCY PARISH

Date: _____ **Gender:** M _____ F _____
FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____ **Apt. #** _____ **CITY:** _____ **ZIP:** _____

Phone: _____ **Date of Birth:** _____ **Religion:** _____

Occupation: _____ **Email:** _____
 Would you like to subscribe to our weekly eNews? Yes _____ No _____

SPOUSE: _____ **Gender:** M _____ F _____
FIRST NAME: _____ **LAST NAME:** _____

Phone: _____ **Date of Birth:** _____ **Religion:** _____

Occupation: _____ **Email:** _____
 Would you like to subscribe to our weekly eNews? Yes _____ No _____

Name(s) of children in Household	Date of Birth	Gender:
		M _____ F _____
		M _____ F _____
		M _____ F _____
		M _____ F _____

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