

Office Use:

Date Entered ___/___/___

Env. ID# _____

Letters Sent ___/___/___

Flocknote: ___/___/___

Saint Timothy Church

Family Last Name: _____

First Name: _____ Spouse: _____

Marital Status: () Church Married () Married () Single () Divorced () Separated () Widowed

Street Address: _____

City/State: _____ Zip: _____ Primary Phone: () _____ Unlisted: Y N

E-Mail Address: _____ (Head) _____ (Spouse)

Tithing Options Tithing Envelopes: (please indicate your choice) ___ Weekly ___ Monthly

Automatic deductions from checking or credit card: Please request our Stewardship form to complete

Online Tithing: From our website Home page, click on "Give Online WeShare" box

	First Name	Last Name if Different (Maiden Name/Spouse)	Religion	Occupation	Cell Phone	Gender	Birthdate
Head						M F	/ /
Spouse						M F	/ /

	First Name	Last Name if Different	Religion	School	Current Grade	Gender	Birthdate
Child						M F	/ /
Child						M F	/ /
Child						M F	/ /
Child						M F	/ /
Child						M F	/ /

Please continue on other side

Sacraments: Please check "Yes" or "No" for each family member. Dates are not required except for Marriage Date.

	First Name	Baptism	First Communion	Confirmation	Marriage Date
Head		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	___/___/___
Spouse		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	
Child		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	
Child		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	
Child		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	
Child		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	
Child		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> At St. Timothy Date: ___/___/___	

Comments or Remarks: _____
