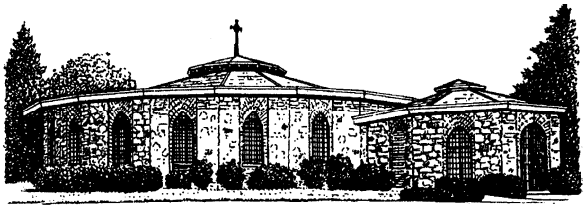

Church of the Transfiguration

268 South Broadway

Tarrytown, NY 10591

Last Name:_____ Last Name:_____

First Name:_____ First Name:_____

Middle Name:_____ Middle Name: _____

Birth Date:_____ Maidan Name:_____

Religion:_____ Birth Date:_____

Religion:_____

Email:_____ Email:_____

Cell Phone:_____ Cell Phone:_____

Home Address:_____ Apt No._____

Town:_____ State:_____ Zip Code:_____

Do you wish to receive envelopes? _____

How do you want the envelopes to be addressed: Mr.___, Mrs.__ , Mr. & Mrs.___, Ms.___, Miss__,

Electronic Pay : WE SHARE

NAME:_____

SACRAMENTS	DATE	CHURCH / LOCATION
Baptism		
First Communion		
Confirmation		
Marriage		

NAME:_____

SACRAMENTS	DATE	CHURCH / LOCATION
Baptism		
First Communion		
Confirmation		
Marriage		

CHILDREN AT HOME:

First Name:________________________ Middle Name:_____________________________

Last Name:_________________________ Birth Date:______________________________

Birth Date:_________________________ Place of Birth:____________________________

SACRAMENTS	DATE	CHURCH / LOCATION
Baptism		
First Communion		
Confirmation		

First Name:________________________ Middle Name:_____________________________

Last Name:_________________________ Birth Date:______________________________

Birth Date:_________________________ Place of Birth:____________________________

SACRAMENTS	DATE	CHURCH / LOCATION
Baptism		
First Communion		
Confirmation		

First Name:________________________ Middle Name:_____________________________

Last Name:_________________________ Birth Date:______________________________

Birth Date:_________________________ Place of Birth:____________________________

SACRAMENTS	DATE	CHURCH / LOCATION
Baptism		
First Communion		
Confirmation		