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Primary Add	ressStreet					City		Zip Code	
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Male:	Please Print	circle: M	r. Dr.	Date of Birth	Religion	Baptism	1 st Comm.	e put date or check mark Confirmation	Marriage
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Female:	Please Print	circle: M	iss Mrs. Dr. Ms.	Date of Birth	Religion	If you have receiv Baptism	red this sacrament put d 1st Comm.	ate or check mark, other Confirmation	wise leave blank Marriage
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Children:	18 or younger	F/M			Date of Birth	Religion	Baptism	1 st Comm.	Confirmation
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	At this address from to		
2 nd Address	Const	City	7:- 0-1:
	Street	City	Zip Code
2 nd Telephone: (H)	2 nd E-mail		
	If you receive offertory envelopes, would you like to also receive them at	t your second address? Yes, please	☐ No, thank you