

# ST ELIZABETH ANN SETON PARISH / INFORMATION CHANGE FORM

(PLEASE PRINT OR TYPE)

DATE \_\_\_\_\_

ENVELOPE/PARISH # (IF KNOWN) \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_



## CHANGES

NEW ADDRESS \_\_\_\_\_

NEW PHONE # \_\_\_\_\_

IF YOU ARE LEAVING THE PARISH PLEASE CHECK BOX

IF YOU ARE NOT RECEIVING DONATION ENVELOPES AND WISH TO, PLEASE CHECK BOX

IF YOU ARE RECEIVING ENVELOPES AND DO NOT WISH TO, PLEASE CHECK BOX

If you are new to St. Elizabeth Ann Seton and wish to register as an active member, please fill out a registration form and turn into the parish office.