Son or Daughter Information – Away from Home

Full Name: _____
Title *Last Name* *Formal Name* *Informal Name* *Middle*

College Year: _____ Graduation Year: _____ Sex: _____

Birth Date: ___/___/___ Date of Baptism: ___/___/___ Date of Confirmation: ___/___/___

Cell phone: _____ Publish cell phone number in directory? _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip*

Email Address: _____

Would you like them to receive the Youth Newsletter? _____

Would you like them to receive The Messenger by…

Mail	Email	Both

(Circle one)

Activities Involved in at St. Michael's… _____

For additional Children Information, please use the space below following the same format.

If your (adult) son or daughter is interested in becoming a member of St. Michael's Church,
please have them contact us by emailing office@stmichaelschurch.net
or by going online to www.stmichaelschurch.net and filling out this form.