

Church Registration Form Change

FROM: **DATE OF REQUEST:** _____

____ Mr. & Mrs. ____ Mr. ____ Mrs. ____ Miss ____ Ms.

Name _____

Street Address _____

City/State/Zip _____

Home Phone ____ _____ **Cell Phone** ____ _____

Work Phone ____ _____ **Email** _____

TO:

____ Mr. & Mrs. ____ Mr. ____ Mrs. ____ Miss ____ Ms.

Name _____

Street Address _____

City/State/Zip _____

Home Phone ____ _____ **Cell Phone** ____ _____

Work Phone ____ _____ **Email** _____

Please fill out and drop in the *collection basket* at church to the attention of the **Church Office:**
Or mail to: **St. Maria Goretti Church 500 Northgate Dr. Dyer, IN 46311**