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CHANGE OF INFORMATION

DATE: _____ TIME: _____ TAKEN BY: _____

NAME: _____

PARISHIONER (ENVELOPE) NUMBER: _____

CORRECT SPELLING OF NAME: _____

NEW/CORRECT ADDRESS: _____

CITY: _____, FL. ZIP CODE: _____

NEW/ CORRECT TELEPHONE NO: HOME: _____

CELLPHONE: _____

HAVE NOT RECEIVED ENVELOPES

LAST RECEIVED ENVELOPES: _____

COMMENTS: _____

FOR OFFICE USE ONLY:

Record Book Updated:

Date/ Initials: _____