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ST PETER CATHOLIC CHURCH
PO BOX 3700 DELAND, FL 32721-3700

386-822-6000 FAX 386-822-6034 www.stpeterdeland.org

DATE _____

Member/Envelope # _____

Family Last Name _____

Street Address _____

PO Box _____

City State, ZIP _____

Home Phone _____ Unlisted _____ Cell _____

E-mail Address _____

Marital Status:	Single	Married	Divorced	Separated	Widowed				
Stewardship of Treasure	Do you wish Envelopes Yes/No		Do you wish to receive mail: Yes/No		Will you send electronic check (E-Giving- see instructions in pkette) Yes/No				
Family Member Info (Full Names)	Religion	Birth Date	Baptism	Confirmation	Marriage Date	Occupation	Business Phone		
Head of Household:		__/__/__	Yes	No	Yes	No	__/__/__		
Living at Home (Indicate male/female)							<i>School & Grade or Occupation</i>	<i>Relationship (spouse, daughter, son, grandchild, brother, sister etc)</i>	
1) M/F		__/__/__	Yes	No	Yes	No	__/__/__		
2) M/F		__/__/__	Yes	No	Yes	No	__/__/__		
3) M/F		__/__/__	Yes	No	Yes	No	__/__/__		
4) M/F		__/__/__	Yes	No	Yes	No	__/__/__		
5) M/F		__/__/__	Yes	No	Yes	No	__/__/__		

St Peter's Church is on a faith journey to make stewardship a way of life. We invite you to join with us on our journey. It will change your life forever. Please return this form by fax, mail or put in collection basket Fax: 386-822-6034 You will receive " A Welcome" packette.