



**CHRIST CHURCH
CATHEDRAL
FREDERICTON NB**

**Congregational List
Updates and Additions**

**168 Church Street
Fredericton NB E3B 4C9
(506) 450-8500
office at christchurchcathedral.com**

Fill, save and email

HOUSEHOLD

Household Name: _____

Postal Address: _____

Postal Code: _____

Telephone: _____

Wedding Anniversary: _____

E-mail: _____

We (I) wish to receive: Postal mailings E-mailings Newsletter(s)

INDIVIDUALS

First Middle Last Name: _____	
Personal E-mail: _____	
Work E-mail: _____	
Work Phone: _____	Mobile Phone: _____
Dates: Birth <small>yy/mm/dd</small> <input type="checkbox"/> Baptism <small>yy/mm/dd</small> <input type="checkbox"/> Confirmation <small>yy/mm/dd</small> <input type="checkbox"/>	
Family Role: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	

First Middle Last Name:		_____	
Personal E-mail:		_____	
Work E-mail:		_____	
Work Phone:	_____	Mobile Phone:	_____
Dates:	Birth <small>yy/mm/dd</small>	<input type="checkbox"/> Baptism <small>yy/mm/dd</small>	<input type="checkbox"/> Confirmation <small>yy/mm/dd</small>
Family Role: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other			

First Middle Last Name:		_____	
Personal E-mail:		_____	
Work E-mail:		_____	
Work Phone:	_____	Mobile Phone:	_____
Dates:	Birth <small>yy/mm/dd</small>	<input type="checkbox"/> Baptism <small>yy/mm/dd</small>	<input type="checkbox"/> Confirmation <small>yy/mm/dd</small>
Family Role: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other			

First Middle Last Name:		_____	
Personal E-mail:		_____	
Work E-mail:		_____	
Work Phone:	_____	Mobile Phone:	_____
Dates:	Birth <small>yy/mm/dd</small>	<input type="checkbox"/> Baptism <small>yy/mm/dd</small>	<input type="checkbox"/> Confirmation <small>yy/mm/dd</small>
Family Role: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other			

First Middle Last Name:		_____	
Personal E-mail:		_____	
Work E-mail:		_____	
Work Phone:	_____	Mobile Phone:	_____
Dates:	Birth <small>yy/mm/dd</small>	<input type="checkbox"/> Baptism <small>yy/mm/dd</small>	<input type="checkbox"/> Confirmation <small>yy/mm/dd</small>
Family Role: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other			

Thank you for providing this information for our records. It will be kept confidential and used only for Cathedral purposes. Should there be more individuals in your household, please use an additional form.