

PROFILE: CATECHISTS

YEAR

NAME OF CENTER

AGE GROUP

FIRST NAME

LAST NAME

ROLE

STREET ADDRESS

DATE ENTERED SPRED

CITY

STATE

ZIP

DENOMINATION

PHONE

EMAIL

NAME OF SPOUSE

NAME OF PARISH

FIRST NAME

LAST NAME

ROLE

STREET ADDRESS

DATE ENTERED SPRED

CITY

STATE

ZIP

DENOMINATION

PHONE

EMAIL

NAME OF SPOUSE

NAME OF PARISH

FIRST NAME

LAST NAME

ROLE

STREET ADDRESS

DATE ENTERED SPRED

CITY

STATE

ZIP

DENOMINATION

PHONE

EMAIL

NAME OF SPOUSE

NAME OF PARISH

FIRST NAME

LAST NAME

ROLE

STREET ADDRESS

DATE ENTERED SPRED

CITY

STATE

ZIP

DENOMINATION

PHONE

EMAIL

NAME OF SPOUSE

NAME OF PARISH

PROFILE: PERSONS WITH DISABILITIES

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
NAME OF CENTER

\_\_\_\_\_  
AGE GROUP

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
AGE – MONTH, DAY, YEAR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
DENOMINATION

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
NAME OF PARISH/CHURCH/SYNAGOGUE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
NAME OF CHAIRPERSON

\_\_\_\_\_  
PARENT NAME: FATHER

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
LAST NAME

If above is next of kin or guardian rather than parent, indicate here: Next of kin \_\_\_\_\_ Guardian \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (If different from above)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
If person is living away from home give name and full address of facility.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
AGE – MONTH, DAY, YEAR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
DENOMINATION

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
NAME OF PARISH/CHURCH/SYNAGOGUE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
NAME OF CHAIRPERSON

\_\_\_\_\_  
PARENT NAME: FATHER

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
LAST NAME

If above is next of kin or guardian rather than parent, indicate here: Next of kin \_\_\_\_\_ Guardian \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (If different from above)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
If person is living away from home give name and full address of facility.

NAME OF CENTER \_\_\_\_\_

AGE GROUP \_\_\_\_\_

YEAR \_\_\_\_\_

RETIRED OR TRANSFERRED CATECHISTS:

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

RETIRED OR TRANSFERRED PERSONS WITH DISABILITIES:

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_

NAME \_\_\_\_\_

RETIRED or TRANSFER

NEW CENTER \_\_\_\_\_