

Church of St. Adalbert
COVID Tracing

Date: _____

Other _____

Far Left Side

Center Left

Center Right

Far Right Side

Seating: Pew Location

(Facing the Altar)

Baptism: _____ AM/PM

(Please Check One)

Mass Attended: Sunday 11:00AM

Funeral: _____ AM

Family Member First Name	Family Member First Name	Total # People Attending:
Family Member First Name	Family Member First Name	Family Member First Name
Address:		E-Mail Address:
Last Name:	First Name:	Phone: