

Last Name:

First Name:

Phone:

Address:

E-Mail Address:

Family Member First Name

Family Member First Name

Family Member First Name

Family Member First Name

Family Member First Name

Total # People Attending:

Mass Attended:
(Please Check One)

Sunday 11:00AM

Funeral __:__ AM

Baptism __:__ AM/PM

Seating: Pew Location *(Facing the Altar)*

Far Left Side

Center Left

Center Right

Far Right Side

Other _____

**Church of St. Adalbert
COVID Tracing**

Date: _____