

LET'S COMMUNICATE!

Name _____ Birthdate _____

Baptism _____ Anniversary _____

Address _____

Home phone _____ Cell phone _____

Email address _____

How do you prefer to be contacted? _____

Please list any pastoral needs you want to have addressed:

- Spiritual _____
 - Family _____
 - Health _____
 - Conflict _____
 - Financial _____
 - Other _____
- _____

Feel free to contact a member of the Pastoral Care Group for your concerns or requests. The group's contact information can be found on our website...

www.stpatrick4u.net

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