

NAME TAG REQUEST

NAME (as you want it on the badge):

PHONE NUMBER: _____

DATE: _____

For your safety, please answer the following questions about your heart:

DO YOU HAVE A PACEMAKER?	YES		NO	
DO YOU HAVE AN IMPLANTED DEFIBRILATOR?	YES		NO	
DO YOU HAVE ANY OTHER DEVICE IMPLANTED IN YOUR HEART?	YES		NO	

(If you are not sure, please ask your cardiologist. The magnet for the name badge could interfere with your cardiac device, and we will supply a pin-on badge if you have implanted device(s).)

BADGE TYPE SUPPLIED:	Magnet		pin	
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GREEN DOT  PROGRAM

Please help us update St. Mary's database
COMPLETE THIS FORM

Name: _____

Local Address: _____

Mailing Address (if different): _____

Local Phone Numbers: Home _____ Cell _____

Email: _____

Alternate (northern)

Address: _____

Alternate Phone (if different): _____

Approx. dates up north: _____

Approx. dates in Florida: _____

Date of Birth: _____

Name of Spouse/Partner: _____

Date of Marriage: _____

Name and information for

Emergency Contact: _____

Method of Transfer:

Letter of Transfer: ____ Baptism: ____ Received by Bishop: ____

Membership:

Visitor: ____ Seasonal Member: ____ Other: ____

_____ Please check here to receive our weekly eblasts via Constant Contact

_____ Please check here if you would like a name tag

PLEASE RETURN COMPLETED FORM TO THE CHURCH OFFICE