



# St. Cletus Alumni Information Card

Please complete and return in the collection basket

Mr.  Mrs.  Ms.  Miss

First \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Class year \_\_\_\_\_

Email \_\_\_\_\_ Would you like to be a class agent? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_



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