



## St. Cletus Past Parent Information Card

Please complete and return in the collection basket

Mr. & Mrs.  Mr.  Mrs.  Ms.

First \_\_\_\_\_

Last \_\_\_\_\_

Address \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Student/Year \_\_\_\_\_

Email \_\_\_\_\_

Student/Year \_\_\_\_\_

Employer \_\_\_\_\_

Student/Year \_\_\_\_\_

Occupation \_\_\_\_\_

Student/Year \_\_\_\_\_



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