

CHANGE OF ADDRESS

Family Name: _____

First Name(s): _____

Old Address: _____

New Address: _____

Effective Date: _____

Continuing Membership at St. Joseph? Yes/ No

New Church Name: _____

Address: _____

Thank you for your support of St. Joseph and letting us know what is happening in your life and that of your family.

Please send this form to us by e-mail at stjosephbcm@att.net; mail at 1005 Third Street, Bay City MI 48708; place in the collection basket at weekend Mass; or bring it to the Rectory Office.