The Visitor

DIOCESE OF SAINT CLOUD

PARISHIONER DATA CHANGE FORM

PARISH: _____WEEK ENDING DATE:_____

CODES

(A)	NEW PARISH MEMBER -- NO VISITOR
(AV)	NEW PARISH MEMBER -- WITH VISITOR
(D)	DECEASED
(SV)	STOP VISITOR
(CH)	CHANGE NAME/ADDRESS/PARISH

Visitor Contact Information

E-Mail circulation@stcloudvisitor.org
Mail PO Box 1068, Saint Cloud MN 56302
Phone 320-251-3022
Fax 320-251-0424

CODE	CURRENT NAME (First Name, Last Name & Spouse)	CURRENT ADDRESS (Street, City, Zip Code)	NEW NAME (First Name, Last Name & Spouse)	NEW ADDRESS (Street, City, Zip Code)