

Request for Information

The following confidential information will be used ONLY by *The Rosary Shrine of Saint Jude* (Dominican Friars of the Province of Saint Joseph). None of this information will be loaned, rented or sold to any other organization.

[Please print!]

Last Name: _____

First Name: _____

Middle Initial: _____

Title: Mr. Mrs. Mr. and Mrs. Miss Ms. Rev. Dr. Sister

Your Address: _____

Apartment Number: _____

City: _____

State: _____ Zip Code: _____ (Plus "4"): _____

Phone Number [Optional]: Area Code: _____ Phone Number: _____ - _____

Please send me an "Information Packet."

Please send Enrollment Card(s):

Perpetual Enrollment(s): [circle one] 1 2 3 (other) _____

Annual Enrollment(s): [circle one] 1 2 3 (other) _____

Healing Card Enrollment(s): [circle one] 1 2 3 (other) _____

Membership Card Enrollment(s): [circle one] 1 2 3 (other) _____

Please send Mass Card(s):

Individual Living: [circle one] 1 2 3 (other) _____

Individual Deceased: [circle one] 1 2 3 (other) _____

Please send me information about your various publications.

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Saint Dominic Church

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