

**CHRISTMAS FAMILY APPLICATION**  
For St. Joseph the Worker

Family Last Name \_\_\_\_\_

Today's date \_\_\_\_\_

Are you a member of St. Joseph the Worker Parish? Yes No

Family Members	M/F	Age	Shirt Size	Pant Size	Shoe Size	Coat Size

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

Email \_\_\_\_\_

Contact person \_\_\_\_\_

Best day/time to call or would email be best \_\_\_\_\_

At what grocery store(s) do you shop? \_\_\_\_\_

(NOTE: We focus on gifts for children and groceries for adults.)

Please tell us a little about your family

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Please list **TWO NEEDS** and **ONE WISH** per person

Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Child name \_\_\_\_\_ Wishes \_\_\_\_\_

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Please return application to the parish office or drop it in the offering box by **Sunday, Nov. 21.**

All applications will be reviewed and prayerfully considered. We get many applications; applications turned in after the due date may not be able to be filled. We will contact you if your family has been chosen. Please make sure that we have current contact information. *Thank you, St. Joseph the Worker Helping Hands Ministry.*