CHECK ONE: MALE ( ) F	EMALE ( ) TO	DAY'S DATE:
CHILD'S NAME	, ,	
PARENT'S NAME		
NYPD JOB STATUS <u>ACT</u>	IVE ( ) RETIRED	( )
IF ACTIVE RANK	ASSIGNMEN	T
ADDRESS		
(NU	JMBER AND STREET	Γ)
(TOWN)	(STATE)	(ZIP CODE
HOME TELEPHONE NUM	BER _	
HOME TELEPHONE NUM	(AREA CODE)	(NUMBER)
SCHOOL VOIL CURRENTI	Y ATTEND	
SCHOOL FOU CORRENTL		

Please fill in the below listed information and return it to the proctor before you begin the

Dear Student,

If for some reason you cannot fill in the above information, hold the form until you complete the examination. Once outside the classroom, and before leaving for home, obtain the missing information from a parent. When completed, return the application to a Holy Name Society Board Officer. Good Luck!

**Bruce Petry** Chairman