

**TRACING INFORMATION IN CASE OF COVID 19 EXPOSURE
PLEASE PRINT CLEARLY**

DATE: _____

SATURDAY: 5:30 PM _____ 7:00 PM _____

SUNDAY: 7:30 AM _____ 9:00 AM _____

 10:30 AM _____ 12:00 PM _____

WEEKDAYS 6:30 AM _____ 8:30 AM _____

FAMILY NAME: _____

CONTACT PERSON: _____

NUMBER OF MEMBERS AT MASS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

**Thank you for your cooperation. This information will remain confidential.
It will be used by parish staff only and County Dept. of Health if needed.**

