

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

DATE: _____

TIME: **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.**

