

**Church of the Immaculate Conception**  
**400 Saratoga Road**  
**Glenville, NY 12302**

**PLEASE COMPLETE ALL INFORMATION**



In compliance with NYS Directives and Diocesan Guidelines we are required to collect this information for all liturgical celebrations – Mass, Funerals, Baptisms, Weddings – held within the Church. We appreciate your cooperation.

**ONLY ONE FORM IS NEEDED FOR EACH HOUSEHOLD**

Name: \_\_\_\_\_

Number of people from your household attending: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I attest that:**

- I (We) have not experienced any symptoms of Covid-19 in the past 14 days.
- I (We) have not tested positive for Covid-19 in the past 14 days.
- I (We) have not been in contact with anyone who has tested positive or is suspected of being positive with Covid-19 in the past 14 days.
- I (We) have not traveled to/from a State that is part of the NYS Travel Advisory within the past 14 days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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