

**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: \_\_\_\_\_

**Have you or anyone you are signing up:**

- experienced any symptoms of Covid-19 in the past 14 days    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- tested positive for Covid-19 in the past 14 days    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- been in contact with anyone who has tested positive or is suspected of being positive with Covid-19 in the past 14 days    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Tell us about your recent travel? Select one
  - \_\_\_\_\_ I (we) have not traveled out of NYS for more than 24 hours in the past 2 weeks.
  - \_\_\_\_\_ I (we) have traveled out of state, stayed more than 24 hours, but have completed the NYS required quarantine or testing protocols.
  - \_\_\_\_\_ I (we) have traveled and stayed in another state for more than 24 hours and am unaware or did not follow any NY protocols.

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

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

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