		Date:
	S ANNUAL APPEAL	
Archdiocese of I	<i>Hartford</i>	
Pastor:		
Parish & City:		
DELETION FORM IMPORTANT: PLEASE INCLUDE PREFIX (Mr., Mrs., Mr. & Mrs., etc.)		
Print all information:		
Name:		
Address:	City:	State:
Zip:		
Deceased:	☐ remove entire name ☐ change name	me to
Print all information:		
Name:		
Address:	City:	State:
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Deceased:	\Box remove entire name \Box change name	me to
Print all information:		
Name:		
Address:	City:	State:
Zip:		

Please return to:

☐ change name to _____

 \square remove entire name

Deceased:

ARCHBISHOP'S ANNUAL APPEAL OFFICE 467 Bloomfield Avenue, Bloomfield CT 06002

Fax: 860-242-0266

Please make photocopies of a blank form if you need more.