

St Edward the Confessor Church Attestation as Required by NYS

To gather at this time, every person must give their name and contact information and attest to the four conditions below. This information may be shared with the DOH should a potential exposure occur within the congregation. **Only one form is required, each week, for each family living in the same house and attending Mass together.** Thank you for your assistance in this matter.

Welcome Back!

Date: _____ Time: _____

Name(s) & Birthdate(s): _____

Email: _____ Phone: _____

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 direct contact with anyone who has tested positive or shown symptoms of COVID-19 in the past 14 days
- I (we) have not visited a state with a positivity rate of 10% or higher for COVID-19 in the past 14 days

Signature: _____

Please print this form and place it in the receptacle upon entry into the church or when receiving the Eucharist outside. **If completing the form in church**, please drop your completed form in the receptacle after completion. **Pencils should be disposed of in the garbage can** next to the form receptacle.

Thank you and May God Bless You and Hold You

It is our hope to take this time to update our records. The below information will only be used for the purposes of updating church records. If you have filled out this section already you may leave it blank when attending future Masses.

Name(s) & Birthdate(s): _____

Address: _____

Home Phone #: _____ **Mobile #1:** _____

Mobile #2: _____ **Email 1:** _____

Email 2: _____