

St. John Vianney Catholic School  
Alumni Questionnaire

Please Print

NAME: \_\_\_\_\_  
(Maiden Name)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEAR GRADUATED FROM SJV/D-M SCHOOL: \_\_\_\_\_

Tell us about yourself (i.e.; family, employment, interests/hobbies, etc.)

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Something to share (i.e.; a special memory, memoriam, encouragement, etc.)

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1. Fold along this line.



Place  
Stamp  
Here

**Keeping In Touch!**

St. John Vianney Catholic School  
c/o Melinda Holm  
2319 Bagley Street  
Flint, MI 48504



2. Fold along this line.

Please tape this flap down.