



OPELOUSAS CATHOLIC SCHOOL

ALUMNI INFORMATION FORM



ALUMNI ... Let us hear from you!

When completed, please print out and mail to:

Opelousas Catholic Development Office
428 E. Prudhomme St.
Opelousas, LA 70570

We will use this information to update your alumni records. **PLEASE PRINT**

Name: _____
(Last) *(First)* *(Maiden)*

Phone Number: (____) _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Graduate of: (Check one) Opelousas Catholic Holy Ghost A.I.C.

Year of graduation: _____

Name of spouse: _____
(Last) *(First)*

Name of children: _____

College/university degree(s): _____

Occupation: _____

Generalities of career (employment and where): _____

Other special accomplishments: _____

