



---

*Sacred Heart Church*

Tel: (978) 686-7921  
sacredheart-op.com

321 South Broadway Lawrence, MA 01843-2641

---

## **Archconfraternity of the Holy Face Registration Form**

Mr, Mrs, Ms, Fr, Sis, Br: .....

First Name: .....

Last Name: .....

Street Address: .....

Town, State & Zip Code: .....

Telephone # : .....

Email : .....

***I wish to register myself to the Archconfraternity of the Holy Face in Tours.***

***Please mail back to the above address or email to sacredheartop@yahoo.com***

A donation to cover the cost of your enrollment packet is much appreciated, the minimum donation to cover the expenses is \$30.00. ***Please make check payable to Sacred Heart Church.*** At the same time please consider donating more than the minimum amount to help cover the cost for those who cannot afford to donate. Please offer a few prayers for the Archconfraternity and for the devotion to the Holy Face to become well known. May God bless you as you continue to honor the Holy Face of Jesus.

In the Adorable Face of Our Lord,

The Archconfraternity of the Holy Face of Jesus



---

*Sacred Heart Church*

Tel: (978) 686-7921

[sacredheart-op.com](http://sacredheart-op.com)

321 South Broadway Lawrence, MA 01843-2641

---