

FAMILY REGISTRATION FORM

Last Name: [] First Name (s): []

Mailing Name (ie Mr. & Mrs. John Doe): []

Address: [] Address 2: []

City: [] State: [] Zip: []

Area Code: [] Home Phone: [] Emerg. Phone: []

Family Status: Active [] Inactive [] Catholic Times: Yes [] No []

Permission to publish phone, address, email in Parish Directory Contribution Envelope? Env #: []

Publish Phone Publish Address Publish Email:

Individual Member Information

MALE ADULT

FEMALE ADULT

Role: (Head of Household, Husband, Wife, etc.) []

[]

First Name/Nickname []

[]

Maiden Name: []

[]

DOB (mm/dd/yyyy): []

[]

Work Phone/Cell Phone: []

[]

Occupation/Employer: []

[]

Special Needs: []

[]

Ethnic Origin: []

[]

Languages: []

[]

School: []

[]

Education Level: []

[]

Sacramental: Baptism Catholic RCIA
Reconciliation 1st Communion Confirmation

Baptism Catholic RCIA
Reconciliation 1st Communion Confirmation

Marital Status: [] Single, Married, Separated, Divorced, Widowed

[] Single, Married, Separated, Divorced, Widowed

Married by Priest/Deacon: Wedding Date: []

Place/Church []

Celebrant Name: []

City/State: []

Additional Family Members/Children Information

Relationship: Son, Daughter, etc. First Name Last Name Gender Birthday & Birthplace H.S. Grad Year School First Language

1- Special Needs: (Allergies, Handicaps, etc.) []

Check if Sacrament Received: Baptism Catholic 1st Communion Reconciliation Confirmation

2- Special Needs: (Allergies, Handicaps, etc.) []

Check if Sacrament Received: Baptism Catholic 1st Communion Reconciliation Confirmation