

Last Name: (only)					Home Phone:					
Address:					Work or Cell Phone:					
City:			State:	Zip:	Date Registered:		Envelope Number:	Military? <input type="checkbox"/> Active <input type="checkbox"/> Retired		
Title/ Mr., Mrs., Ms., Miss.	First Name (Last Name if Different) (list man 1st if Catholic, woman 1st if he is not)	Middle Initial	Date of Birth	Sacraments received?			Were you married by a Catholic Priest ?		Religion	*RE
				Baptism	1st Comm.	Confirm.	* Status	Yes/No		
	Head of Household									
	Spouse									
Gender										

\*(RE) Rel Ed Prg (JPII) Cath Sch (HS) Hm Sch (RCIA) Rite of Christian Initiation

\*(M) Married (W) Widowed (D) Divorced (S) Single (SP) Separated

Current/Former Occupation \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Rev.11/15

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