

Please Print Clearly

Enter information to the best of your knowledge. Please use empty space on back of the form for additional information or comments.

Registration Form – Check One

___ St. Joseph – Key West
___ Holy Family – New Melleray

FAMILY INFORMATION

Family Name _____
Primary Family Home # (____) (____) cellular landline *Your phone number is for Parish use only*
Address _____ Apt # _____
City/State/Zip _____
Primary Family Email _____

ADULT 1 (HEAD OF HOUSEHOLD)

Mr. Mrs. Ms. Miss Dr.
First Name _____ Nickname _____
Middle Name _____
Maiden Name (if applicable) _____
Sex female male Birthdate _____
Religion: Roman Catholic Other (*specify denomination*) _____
Sacraments Received _____ Was Baptized in Catholic or Christian Church
(*Check all that apply*) _____ Received Communion in Catholic Church
_____ Received Confirmation in Catholic Church
Marital Status: Single Engaged Divorced Divorced & Remarried Married Widowed
General Occupation _____
Employer _____ Retired
Personal Email _____ *specify* home email work email
Cell Phone:(____)(____) Work phone:(____)(____)
Ethnic Background: Caucasian African American Asian
Hispanic Other (please specify) _____

ADULT 2 (check most appropriate choice)

Spouse Significant Other Other _____
Mr. Mrs. Ms. Miss Dr.
First Name _____ Nickname _____
Middle Name _____
Maiden Name (if applicable) _____ Last Name (if different than family name) _____
Sex female male Birthdate _____
Religion: Roman Catholic Other (*specify denomination*) _____
Sacraments Received _____ Was Baptized in Catholic or Christian Church
(*Check all that apply*) _____ Received Communion in Catholic Church
_____ Received Confirmation in Catholic Church
Marital Status: Single Engaged Divorced Divorced & Remarried Married Widowed
General Occupation _____
Employer _____ Retired
Personal Email _____ *specify* home email work email
Cell Phone:(____)(____) Work Phone:(____)(____)
Ethnic Background: Caucasian African American Asian
Hispanic Other (please specify) _____

Present Marriage (if applicable)

Date of Marriage _____ Catholic Church Non-Catholic
Name of Church _____ Place: City/State _____
If civil marriage: Location _____ Place: City/State _____
If civilly married in a non-Catholic Church, was your marriage later blessed/celebrated in the Catholic Church? Yes No
Date (even if approximate) _____ Name of Church _____ City/State _____

Name _____ ID.# _____
Date _____
Picture? Yes _____ No _____
Envelopes _____
Talked with _____
Electronic _____

HF
SJ
Office Use only

Please enter information for each of your children living at home under age 21.
 Children living in a parent's household who are age 21 or older should register separately.
 If more than four children, please use additional sheet or put information in additional comments section.

CHILD 1

First Name _____ Nickname _____
 Middle Name _____
 Last Name _____
 Sex Female Male Birthdate _____
 Religion: Roman Catholic Other (specify) _____
 Sacraments Received: _____ Baptized in Catholic or Christian Church
 _____ Received Communion in Catholic Church
 _____ Received Confirmation in Catholic Church
 School _____ Grade _____
 Ethnic Background: Caucasian African American
 Asian Hispanic
 Other (please specify)

CHILD 2

First Name _____ Nickname _____
 Middle Name _____
 Last Name _____
 Sex Female Male Birthdate _____
 Religion: Roman Catholic Other (specify) _____
 Sacraments Received: _____ Baptized in Catholic or Christian Church
 _____ Received Communion in Catholic Church
 _____ Received Confirmation in Catholic Church
 School _____ Grade _____
 Ethnic Background: Caucasian African American
 Asian Hispanic
 Other (please specify)

CHILD 3

First Name _____ Nickname _____
 Middle Name _____
 Last Name _____
 Sex Female Male Birthdate _____
 Religion: Roman Catholic Other (specify) _____
 Sacraments Received: _____ Baptized in Catholic or Christian Church
 _____ Received Communion in Catholic Church
 _____ Received Confirmation in Catholic Church
 School _____ Grade _____
 Ethnic Background: Caucasian African American
 Asian Hispanic
 Other (please specify)

CHILD 4

First Name _____ Nickname _____
 Middle Name _____
 Last Name _____
 Sex Female Male Birthdate _____
 Religion: Roman Catholic Other (specify) _____
 Sacraments Received: _____ Baptized in Catholic or Christian Church
 _____ Received Communion in Catholic Church
 _____ Received Confirmation in Catholic Church
 School _____ Grade _____
 Ethnic Background: Caucasian African American
 Asian Hispanic
 Other (please specify)

Tell us about other members of your family who do not live with you.

List any other children, not named above, regardless of age

	<u>Name</u>	<u>Date of Birth</u>	<u>City/State</u>
1.	First Maiden Last	Day/Month/Year	presently living
2.			
3.			
4.			
5.			
6.			

Does anyone in your household have a physical disability? (*specify who & explain*) _____

Is anyone in your household unable to attend Church? (*specify so & why*) _____

Please contact me regarding the following. _____

Additional Comments

