

Parish ID#

Parish Name/City

Key Date:

PS Family ID #:

Diocesan ID #:

Envelope #:

# FAMILY REGISTRATION FORM

Last Name:

First Name(s):

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

Home Address:  City:  State:  Zip:

Mailing Address (ie: PO Box):  City:  State:  Zip:

Other Address (ie: Snowbirds):

Family Status: Active  Inactive

Home Phone

Previous Parish

Emergency Phone:

## Individual Member Information

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

MALE ADULT

FEMALE ADULT

First Name/Nickname:

DOB (mm/dd/yyyy):

Special Needs:

1<sup>st</sup> Language/2<sup>nd</sup> Language:

Ethnic Origin:

School:

Education Level:

Occupation:

Employer:

Work Phone:

Cell Phone:

Email:

Sacramental Info: Catholic  RCIA

Catholic  RCIA

If Other Religion

If Other Religion

Baptism  1st Communion  Confirmation

Baptism  1st Communion  Confirmation

Marital Status (Circle One): Single, Married, Separated, Divorced, Widowed

Married by Priest/Deacon?  Wedding Date:  Maiden Name:

Celebrant Name:  Place/Church  City/State:

## Additional Family Members/Children Information

Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
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1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. Catholic?  Baptism  1st Communion  Confirmation

Add Date if known.

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. Catholic?  Baptism  1st Communion  Confirmation

Add Date if known.

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.