

HEAD OF HOUSE'S NAME	
ADDRESS	
PHONE NUMBER	Unlisted Y N
CELL PHONE	
E-MAIL	
MARITAL STATUS	Single Valid Catholic Marriage Other Marriage Widow/Widower Divorced Separated
PARISH WHERE CURRENTLY OR PREVIOUSLY REGISTERED	
ADULT MALE - FULL NAME	
Birthdate	
Religion	
Baptism – Date and Church	
Profession of Faith-- Date and Church and Priest	
Communion--Date and Church	
Confirmation--Date and Church	
Marriage--Date and Church	
Occupation	
Attends Mass	Regularly Irregularly
ADULT FEMALE - FULL NAME	
Maiden Name	
Birthdate	
Religion	
Baptism--Date and Church	
Profession of Faith-- Date and Church and Priest	
Communion--Date and Church	
Confirmation--Date and Church	
Marriage--Date and Church	
Occupation	
Attends Mass	Regularly Irregularly
CHILD'S FULL NAME	
Birthdate	
Religion	
Baptism – Date and Church	
Profession of Faith-- Date and Church and Priest	
Communion--Date and Church	
Confirmation--Date and Church	
Marriage--Date and Church	
School // Grade	
Attends Mass	Regularly Irregularly

Family Name:

PDS
ENV
P. CATH

Reg. Date:
Env #

CHILD'S FULL NAME		
Birthdate		
Religion		
Baptism – Date and Church		
Profession of Faith-- Date and Church and Priest		
Communion--Date and Church		
Confirmation--Date and Church		
Marriage--Date and Church		
School // Grade		
Attends Mass	Regularly	Irregularly
CHILD'S FULL NAME		
Birthdate		
Religion		
Baptism – Date and Church		
Profession of Faith-- Date and Church and Priest		
Communion--Date and Church		
Confirmation--Date and Church		
Marriage--Date and Church		
School // Grade		
Attends Mass	Regularly	Irregularly
CHILD'S FULL NAME		
Birthdate		
Religion		
Baptism – Date and Church		
Profession of Faith-- Date and Church and Priest		
Communion--Date and Church		
Confirmation--Date and Church		
Marriage--Date and Church		
School // Grade		
Attends Mass	Regularly	Irregularly

Family Name:

Use Additional Sheet If More Children

Is there a shut-in living in your home/nursing home? Y N Handicapped (i.e., deaf, blind, disabled, etc.? _____
 If yes – name: _____ Relationship to you? _____
 Place (if not your home): _____

MINISTRIES YOU ARE INTERESTED IN JOINING:

- Altar Server Eucharistic Minister Lector Cantor/Choir Musician Usher
- Video Operator Money Counter CCD Teacher/Aide Homeless Shelter Ministry