

Registration Form
 Today's Date: _____

Please Register my family with: _____ Parish

Family Information

Family Name: _____
 First Name(s): _____
 Family Email: _____
 Primary Phone: _____
 Emergency Phone: _____
 Emer. Ph. Desc: _____
 Envelope: _____

Allow Mail Sent: Y or N
 Send Contrib. Env: Y or N
 Allow Phone # Pub: Y or N
 Allow Email Published: Y or N
 Allow Address Published: Y or N
 Allow Photo Published: Y or N
 Send One Voice: Y or N
 Do Not Call: Y or N
 Do Not Solicit: Y or N

Family Home Address

Address: _____
 City: _____
 City, State Zip: _____

Member Information

Gender: _____
 Title: _____
 First Name: _____
 Nick Name: _____
 Middle Name: _____
 Last Name: _____
 Suffix: _____
 Maiden Name: _____
 Family Role: _____
(Role is Husband, Wife, Son, Daughter, etc.)
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Active: Y or N
 Birth Date: _____
 Birth City: _____
 Age: _____
 Current Religion: _____
 Language Spoken: _____
 Ethnic Background: _____
 Marital Status: _____
 Separate Envelope: Y or N if Y, # _____
 Career Type: _____
 Highest Level of Education: _____
 Member Strength (Talent): _____

Sacramental Information: Please be as specific as possible

	<u>Y or N, Date</u>	<u>Name of Church</u>	<u>City and State of Parish, Celebrant</u>
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Eucharist:	_____	_____	_____
Confirmation:	_____	_____	_____
Marriage:	_____	_____	_____
Anointing of the Sick:	_____	_____	_____
Holy Orders:	_____	_____	_____

Spouse Member Information

Gender: _____
 Title: _____
 First Name: _____
 Nick Name: _____
 Middle Name: _____
 Last Name: _____
 Suffix: _____
 Maiden Name: _____
 Family Role: _____
(Role is Husband, Wife, Son, Daughter, etc.)
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Active: Y or N
 Birth Date: _____
 Birth City: _____
 Age: _____
 Current Religion: _____
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Registration Form
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Confirmation:

Marriage:

Anointing of the Sick:

Holy Orders:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child/Dependent Member Information

Gender: _____
Title: _____
First Name: _____
Nick Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Family Role: _____

Active: Y or N
Birth Date: _____
Birth City: _____
Age: _____
Current Religion: _____
Language Spoken: _____
Ethnic Background: _____
Separate Envelope: Y or N if Y, # _____

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Gender:	_____	Active:	Y or N
Title:	_____	Birth Date:	_____
First Name:	_____	Birth City:	_____
Nick Name:	_____	Age:	_____
Middle Name:	_____	Current Religion:	_____
Last Name:	_____	Language Spoken:	_____
Suffix:	_____	Ethnic Background:	_____
Family Role:	_____	Separate Envelope:	Y or N if Y, # _____

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