

DIVINE MERCY PARISH REGISTRATION

FAMILY NAME _____

TELEPHONE _____

ADDRESS _____

DO YOU WANT ENVELOPES? _____

MARRIAGE DATE/MARITAL STATUS _____

MAILING ADDRESS _____

HOME E-MAIL ADDRESS _____

HOUSEHOLD MEMBERS:

NAME	BIRTH DATE	RELIGION	BAPTIZED	1 ST COM.	CONFIRM
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIDEN NAME _____

CHILDREN:

NAME	BIRTH DATE	RELIGION	BAPTIZED	1 ST COM.	CONFIRM	GRADE
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____