

Church of St. Katharine Drexel Registration Form

Household Information

Date Registered: _____ Envelope Number: _____

| | |
|---|---|
| Last Name: _____ | Marital Status: _____ Anniversary Date (if appl): ___/___/___ |
| Address: _____ | Place of Marriage: _____ |
| City/State/Zip: _____ | City: _____ State: _____ |
| Home Phone: (____) _____ - _____ | Email: _____ |

Member Information

| | | |
|--|--|--|
| <input type="checkbox"/> Head <u>Name</u> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-mail: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism _____/_____/_____ <input type="checkbox"/> 1 st Eucharist _____/_____/_____ <input type="checkbox"/> 1 st Reconciliation _____/_____/_____ <input type="checkbox"/> Confirmation _____/_____/_____ <input type="checkbox"/> RCIA _____/_____/_____ Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ___/___/___ | <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-mail: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism _____/_____/_____ <input type="checkbox"/> 1 st Eucharist _____/_____/_____ <input type="checkbox"/> 1 st Reconciliation _____/_____/_____ <input type="checkbox"/> Confirmation _____/_____/_____ <input type="checkbox"/> RCIA _____/_____/_____ Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ___/___/___ | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> First _____ MI _____ Last (If Different) _____ Nickname: _____ Maiden: _____ E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism _____/_____/_____ <input type="checkbox"/> 1 st Eucharist _____/_____/_____ <input type="checkbox"/> 1 st Reconciliation _____/_____/_____ <input type="checkbox"/> Confirmation _____/_____/_____ <input type="checkbox"/> RCIA _____/_____/_____ Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ___/___/___ Special Needs: _____ |
|--|--|--|

Please see other side
Name (Continued): _____

Occupation: _____

Title: _____

2nd Address

From: ___/___/___ To: ___/___/___

Please see other side
Name (Continued): _____

Occupation: _____

Title: _____

2nd Address

From: ___/___/___ To: ___/___/___

Please see other side
Name (Continued): _____

School: _____

Grade: _____

2nd Address

From: ___/___/___ To: ___/___/___

Church of St. Katharine Drexel Registration Form (cont'd)

Household Information

Member Information (cont'd)

| | | |
|--|--|--|
| <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ____ / ____ / ____ Special Needs: _____ | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ____ / ____ / ____ Special Needs: _____ | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: ____ / ____ / ____ Special Needs: _____ |
| School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / | School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / | School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / |

Church of St. Katharine Drexel Registration Form (cont'd)

Household Information

Member Information (cont'd)

| | | |
|---|---|---|
| <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: / / / Special Needs: _____ | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: / / / Special Needs: _____ | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ <u>Name</u> _____ First MI Last (If Different) Nickname: _____ Maiden: _____ Work E-mail: _____ <u>Phone Numbers</u> Work: _____ Ext _____ Cellular: _____ Fax: _____ <u>Sacraments</u> <input type="checkbox"/> Baptism / / / <input type="checkbox"/> 1 st Eucharist / / / <input type="checkbox"/> 1 st Reconciliation / / / <input type="checkbox"/> Confirmation / / / Church of Bapt: _____ City/State: _____ <u>Other</u> Religion: _____ Date of Birth: / / / Special Needs: _____ |
| School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / | School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / | School: _____ Grade: _____ <u>2nd Address</u> _____ _____ _____ From: / / To: / / |