



ST. MAXIMILIAN KOLBE CATHOLIC CHURCH
 5801 Kanan Road, Westlake Village, CA 91362
 Phone: 818-991-3915 • Fax: 818-991-7152 • Kolbe@stmaxchurch.org
 Website: www.stmaxchurch.org

Printable Parish Registration Form
Return to Front Desk

Register for Faith Direct our *Online Giving* program at: <https://membership.faithdirect.net/CA586>

Head of Household (Circle one) Mr. Mrs. Ms. Dr.
 Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Home # _____ Cell # _____
 Email _____
 Religion _____ M ___ F ___
 Date of Birth: _____ Marital Status _____
 Faith Direct(see above) _____ Envelopes _____

Spouse (Circle one) Mr. Mrs. Ms. Dr.
 Full Name _____
 Maiden Name _____
 Address _____
 City _____ State _____ Zip _____
 Home # _____ Cell # _____
 Email _____
 Religion _____ M ___ F ___
 Date of Birth: _____ Marital Status _____

Registration Status Requested (Circle one): Parishioner or Religious Ed Only

Please list all other family members and enter Sacraments received and enter dates & places received.

Child 1 / Adult First Name, Middle Initial	Last Name	DOB	M/F	Relationship	Baptism Date	1 st Communion Date	Confirmation Date
					Church/State	Church/State	Church/State

Child 2 First Name, Middle Initial	Last Name	DOB	M/F	Relationship	Baptism Date	1 st Communion Date	Confirmation Date
					Church/State	Church/State	Church/State

Child 3 First Name, Middle Initial	Last Name	DOB	M/F	Relationship	Baptism Date	1 st Communion Date	Confirmation Date
					Church/State	Church/State	Church/State

Child 4 First Name, Middle Initial	Last Name	DOB	M/F	Relationship	Baptism Date	1 st Communion Date	Confirmation Date
					Church/State	Church/State	Church/State

For additional family members please copy additional pages.