

Parish ID# [] Parish Name/City []

Reg Date: []

PS Family ID #: []

Diocesan ID #: []

Envelope #: []

FAMILY REGISTRATION FORM

Last Name: []

First Name(s): []

Mailing Name (ie Mr. & Mrs. John Doe): []

Home Address: [] City: [] State: [] Zip: []

Mailing Address (ie: PO Box): [] City: [] State: [] Zip: []

Other Address (ie: Snowbirds): []

Family Status: Active [] Inactive []

Home Phone []

Previous Parish []

Emergency Phone: []

Individual Member Information

(Head of Household, Role: Husband, Wife, etc.)

MALE ADULT

FEMALE ADULT

First Name/Nickname: []

[]

DOB (mm/dd/yyyy): [/ /]

[/ /]

Special Needs: []

[]

1st Language/2nd Language: [/]

[/]

Ethnic Origin: []

[]

School: []

[]

Education Level: []

[]

Occupation: []

[]

Employer: []

[]

Work Phone: [- -]

[- -]

Cell Phone: [- -]

[- -]

Email: []

[]

Sacramental Info: Catholic RCIA [/ /]

Catholic RCIA [/ /]

If Other Religion []

If Other Religion []

Baptism 1st Communion Confirmation
[/ /] [/ /] [/ /]

Baptism 1st Communion Confirmation
[/ /] [/ /] [/ /]

Marital Status (Circle One): Single, Married, Separated, Divorced, Widowed

Married by Priest/Deacon? Wedding Date: [] Maiden Name: []

Celebrant Name: [] Place/Church [] City/State: []

Additional Family Members/Children Information

Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
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1.	[]	[]	[]	[]	[]	[]
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Special Needs (Allergies, Handicaps, etc.) []

Check if Sacrament Received. Catholic? Baptism 1st Communion Confirmation
Add Date if known. [/ /] [/ /] [/ /]

2.	[]	[]	[]	[]	[]	[]
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Special Needs (Allergies, Handicaps, etc.) []

Check if Sacrament Received. Catholic? Baptism 1st Communion Confirmation
Add Date if known. [/ /] [/ /] [/ /]

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.