

# Most Precious Blood Parish Family Registration

Reg Date: / /

1515 Barthold St., Fort Wayne, IN 46808 (219) 424-5535

**Last Name:**  **First Name(s):**

**Mailing Name (ie Mr. & Mrs. John Doe)**

**Address:**  **Add2:**

**City:**  **State:**  **Zip:**  -

**AreaCode:**  **Home Phone:**  **Emerg. Phone:**

**Family Email:**  **Env#**

## Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>First Name / Nickname:</b>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>Gender:</b>	Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
<b>DOB (mm/dd/yyyy):</b>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
<b>Email:</b>	<span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></span>	
<b>Work Phone/Cell Phone:</b>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>First Language:</b>	<span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></span>	
<b>Occupation/Employer:</b>	<span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></span>	
<b>Sacramental Info:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>
<b>Dates (mm/dd/yyyy):</b>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
<small>(Single, Married, Separated, Divorced, Annulled)</small>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>
<b>Marital Status:</b>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <b>Valid Catholic Marriage?</b> <input type="checkbox"/>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <b>Valid Catholic Marriage?</b> <input type="checkbox"/>

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	
2.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	
3.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.