

St. James Parish Registration

We need a few details so we can better serve you. Please complete to the best of your ability.

Family Last Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Head of Household

Name _____

Date of Birth _____

Marital Status _____

Religion _____

Occupation _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____

Spouse

Name _____ (Maiden) _____

Date of Birth _____

Marital Status _____

Religion _____

Occupation _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____

Child/Member 1

Name _____

Date of Birth _____

Gender _____

Religion _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____

Child/Member 2

Name _____

Date of Birth _____

Gender _____

Religion _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____

Child/Member 3

Name _____

Date of Birth _____

Gender _____

Religion _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____

Child Member 4

Name _____

Date of Birth _____

Gender _____

Religion _____

Sacraments Received:

Baptism

Yes__ No__ Church _____ City _____ State _____

Holy Communion

Yes__ No__ Church _____ City _____ State _____

Confirmation

Yes__ No__ Church _____ City _____ State _____