

PARISH REGISTRATION

Family Information

_____ (_____) _____ Date: _____
Family Name Home Phone (or primary cell phone)

_____ City Zip Primary E-Mail Address
Mailing Address

=====

Head of Household

Name: _____ Religion: _____ Gender: M / F

Date of Birth: _____ Marital Status: _____ If Married: Date: _____ By a Priest Y / N;

Personal E-Mail: _____ Place of Employment: _____

Cell Phone: (_____) _____ Sacraments Received: Baptism ___ First Communion ___ Confirmation ___

Spouse

Name: _____ Religion: _____ Gender: M / F Date of Birth: _____

Personal E-Mail: _____ Place of Employment: _____

Cell Phone: (_____) _____ Sacraments Received: Baptism ___ First Communion ___ Confirmation ___

Children (Living in Household)

Name: _____ Religion: _____ Gender: M / F

Date of Birth: _____ School Attend/Grade: _____

Sacraments Received: Baptism ___ First Communion ___ Confirmation ___

Name: _____ Religion: _____ Gender: M / F

Date of Birth: _____ School Attend/Grade: _____

Sacraments Received: Baptism ___ First Communion ___ Confirmation ___

Name: _____ Religion: _____ Gender: M / F

Date of Birth: _____ School Attend/Grade: _____

Sacraments Received: Baptism ___ First Communion ___ Confirmation ___

+++++

Does anyone in your family have any special needs or situations you wish to bring to our attention?

Please let us know if any members in the family are interested in the following ministries:

Altar Server ___ Altar Society ___ Bereavement Committee ___ CCD Teacher/Aide ___ CYO ___

Knights of Columbus ___ Lector ___ Legion of Mary ___ St. Vincent de Paul ___ Usher ___

Other (specify) _____