

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:	[ ]	[ ]
1 <sup>st</sup> Language/2 <sup>nd</sup> Language:	[ ] / [ ]	[ ] / [ ]
Ethnic Origin:	[ ]	[ ]
School:	[ ]	[ ]
Education Level:	[ ]	[ ]
Occupation:	[ ]	[ ]
Employer:	[ ]	[ ]
Work Phone:	[ ] - [ ] - [ ]	[ ] - [ ] - [ ]
Cell Phone:	[ ] - [ ] - [ ]	[ ] - [ ] - [ ]
Email:	[ ]	[ ]

Sacramental Info:	Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> [ ] / [ ] / [ ]	Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> [ ] / [ ] / [ ]
	If Other Religion [ ]	If Other Religion [ ]
	Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> [ ] / [ ] / [ ]	Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> [ ] / [ ] / [ ]

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
1. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Special Needs (Allergies, Handicaps, etc.) [ ]						
Check if Sacrament Received. Catholic? <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date if known. [ ] / [ ] / [ ]						
2. [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Special Needs (Allergies, Handicaps, etc.) [ ]						
Check if Sacrament Received. Catholic? <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>						
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.