

Parish ID# _____ Parish Name/City _____

Reg Date: _____

Parish ID#

Parish Name/City

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

MALE ADULT

FEMALE ADULT

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

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

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. _____

Special Needs (Allergies, Handicaps, etc.) _____

Check if Sacrament Received. Catholic? Baptism 1st Communion Confirmation

Add Date if known. _____ / _____ / _____

2. _____

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.