

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: \_\_\_\_\_

1st Language/2nd Language: \_\_\_\_\_ / \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

School: \_\_\_\_\_

Education Level: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Sacramental Info: Catholic  RCIA  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If Other Religion \_\_\_\_\_

Baptism  1st Communion  Confirmation

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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
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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.