

Parish ID# [] Parish Name/City []

Reg Date: []

Parish ID#

Parish Name/City

PS Family ID #: []

FAMILY REGISTRATION FORM

Diocesan ID #: []

Last Name: [] First Name(s): []

Mailing Name (ie Mr. & Mrs. John Doe): []

Address: [] Add 2: []

City: [] State: [] Zip: [] - []

Area Code: [] Home Phone: [] Emerg. Phone: []

Family Status: Active [] Inactive [] Catholic Times: Yes [] No []

Previous Parish [] Contribution Env.? Env#: []

Individual Member Information

MALE ADULT

FEMALE ADULT

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

Role: []

First Name/Nickname: []

Maiden Name: []

DOB (mm/dd/yyyy): [] / [] / []

Email: []

Work Phone/Cell Phone: [] - [] [] - []

Occupation/Employer: []

Special Needs: []

Ethnic Origin: []

1st Language/2nd Language: [] / []

School: []

Education Level: []

Sacramental Info: Baptism Catholic Other RCIA [] / [] / []

Reconciliation 1st Communion Confirmation [] / [] / []

Marital Status: [] (Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? Wedding Date: [] Place/Church: []

Celebrant Name: [] 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. Baptism Catholic? 1st Communion Reconciliation Confirmation
Add Date if known. [] / [] / [] [] / [] / [] [] / [] / [] [] / [] / []

2. [] [] [] [] [] [] []

Special Needs (Allergies, Handicaps, etc.) []

Check if Sacrament Received. Baptism Catholic? 1st Communion Reconciliation Confirmation
Add Date if known. [] / [] / [] [] / [] / [] [] / [] / [] [] / [] / []

3. [] [] [] [] [] [] []

Special Needs (Allergies, Handicaps, etc.) []

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

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

4.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

5.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

6.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

7.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

8.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

9.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

10.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

11.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

12.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /

10.

Special Needs (Allergies, Handicaps, etc.)

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

Add Date if known. / /