

FAMILY REGISTRATION FORM

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

Permission to publish phone, address, email in Parish Directory

Contribution Env.? ☐

Env#:

Publish Phone ☐Publish Address ☐Publish Email ☐**Individual Member Information****MALE ADULT****FEMALE ADULT**(Head of Household,
Role: Husband, Wife, etc.)

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 ☐

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Marital Status:

(Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? ☐

Wedding Date:

Celebrant Name:

Baptism ☐ Catholic ☐ Other ☐ RCIA ☐

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Reconciliation ☐ 1st Communion ☐ Confirmation ☐

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(Single, Married, Separated, Divorced, Widowed)

Place/Church:

City/State:

Additional Family Members/Children Information

Relationship to

Head of Household

First Name

Last Name

Gender

Birthdate

H.S.

School

(Son, Daughter, Mother, etc.)

& Birthplace

Grad Yr

First Language

1.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism ☐Catholic? ☐1st Communion ☐Reconciliation ☐Confirmation ☐

Add Date if known.

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2.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism ☐Catholic? ☐1st Communion ☐Reconciliation ☐Confirmation ☐

Add Date if known.

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3.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism ☐Catholic? ☐1st Communion ☐Reconciliation ☐Confirmation ☐

Add Date if known.

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Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.