

Parish ID# [ ] Parish Name/City [ ]

Reg Date: [ ]

PS Family ID #: [ ]

Diocesan ID #: [ ]

# CHANGE 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: [ ]

1<sup>st</sup> Language/2<sup>nd</sup> Language: [ ] / [ ]

School: [ ]

Education Level: [ ]

Sacramental Info:

Baptism <input type="checkbox"/>	Catholic <input type="checkbox"/>	Other <input type="checkbox"/>	RCIA <input type="checkbox"/>	Baptism <input type="checkbox"/>	Catholic <input type="checkbox"/>	Other <input type="checkbox"/>	RCIA <input type="checkbox"/>	
[ ] / [ ]	[ ]	[ ]	[ ] / [ ]	[ ] / [ ]	[ ]	[ ]	[ ] / [ ]	
Reconciliation <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]	[ ] / [ ]

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

Comments: [ ]