

Parish ID#  Parish Name/City

Reg Date:   
 PS Family ID #:   
 Diocesan ID #:

# 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  
 Publish Phone  Publish Address  Publish Email  Contribution Env.?  Env#:

## Individual Member Information

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

### MALE ADULT

### FEMALE ADULT

First Name/Nickname:	<input type="text"/>	<input type="text"/>
Maiden Name:	<input type="text"/>	<input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/>	<input type="text"/>
Special Needs:	<input type="text"/>	<input type="text"/>
Ethnic Origin:	<input type="text"/>	<input type="text"/>
1 <sup>st</sup> Language/2 <sup>nd</sup> Language:	<input type="text"/>	<input type="text"/>
School:	<input type="text"/>	<input type="text"/>
Education Level:	<input type="text"/>	<input type="text"/>
Sacramental Info:	Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>	Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>
	Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> <input type="text"/>	Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> <input type="text"/>
Marital Status:	<input type="text"/> (Single, Married, Separated, Divorced, Widowed)	<input type="text"/> (Single, Married, Separated, Divorced, Widowed)
Married by Priest/Deacon? <input type="checkbox"/>	Wedding Date: <input type="text"/>	Place/Church: <input type="text"/>
Celebrant Name: <input type="text"/>		City/State: <input type="text"/>

## 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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
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. <input type="text"/>						
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
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. <input type="text"/>						
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
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. <input type="text"/>						

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