

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: E-Mail Address:

City: State: Zip: -

Area Code: Home Phone: Cell Phone:

Family Status: Active Inactive Catholic Times: Yes No

Contribution Env. Weekly Once a Month

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

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 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.

Additional Family Members/Children Information

Relationship to

Head of Household

First Name

Last Name

Gender

Birthdate
& Birthplace

H.S.
Grad Yr

School
First Language

(Son, Daughter, Mother, etc.)

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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.	/ /		/ /	/ /	/ /

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