C-12						,	Reg Date:		
	Parish	ish ID# Parish Name/C					PS Family ID #:		
							Diocesan ID #:		
		FAN	IILY RE	EGIST	RATION	FORM	Envelope #:		
Last Name:					First Name(s):			
Mailing Name (ie l	Mr. & Mrs. Jol	nn Doe):			· · · · · · · · · · · · · · · · · · ·				
Home Address:					City		State:	Zip:	
Mailing Address (i	e: PO Box):				City		State:	Zip:	
Other Address (ie:	: Snowbirds):								
Family Status:	Active	Ina	active			Home Phon	ie		
Previous Parish						Emergency	Phone:		
		In	dividua	Memk	er Inforn	nation			
(Head of Househol	ld		MALE ADU				FEMALE AD	ULT	
Role: Husband, Wife, etc).) <u> </u>								
First Name/Nickna									
DOB (mm/dd/yyyy	/):		1			/	/		
Special Needs:									
1 st Language/2 nd L	.anguage: [/		
Ethnic Origin:		Y							
School:								***************************************	
Education Level:									
Occupation:			***************************************	***************************************					
Employer: Work Phone:							-		
Cell Phone:									
Email:									
Sacramental Info:		atholic 🗌	*****	RCIA 🗆		Catholic	BC	IA 🔲 📗	/ /
	l l	Other Religi	ion		L	If Other Rel			
	ı	aptism	1st Commu	ınion 🔲 🤇	Confirmation		1st Communion	Confi	rmation
		/ /	/ /] [1 1	/ /	/ /	/	/
Marital Status (Cire	cle One): S	ingle, Marrie	d, Separate	ed, Divorc	ed, Widowed	Single, Mari	ried, Separated,	Divorced, \	Widowed
Married by Priest/	Deacon? □	Wedding	g Date:			Maiden Nai	me:		
Celebrant Name:			Place	/Church [City/State:		
	Ad	ditional	Family i	Vlembe	rs/Childr	en Inforn	nation	Solitoria de la Carlo de Carlo	and the second of the second o
Relationship to Head of Househ			Last Name			irthdate		nool	
(Son, Daughter, Moth					&	Birthplace	Grad Yr Firs	st Language	<u> </u>
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2.									
Special Needs (_						
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C-12 pg 2	Additional I	Family Membe	ers/Chile	dren Inforr	nation	
Relationship to Head of Household Fil (Son, Daughter, Mother, etc.)	rst Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
Special Needs (Allergies, H	andiana ata)					
Check if Sacrament Reco		Catholic? 🗖	1st Commu	1	onciliation 🗖	Confirmation .
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7. Chaoial Naoda (Allamia)	(andiana ata)					
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0.						

Catholic? \Box

Check if Sacrament Received. Baptism \square

Add Date if known.

1st Communion 🔲

Reconciliation
/ /

Confirmation 4