

|            |                  |
|------------|------------------|
| Parish ID# | Parish Name/City |
|------------|------------------|

Reg Date:

PS Family ID #:

Diocesan ID #:

Envelope #:

### FAMILY REGISTRATION FORM

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Home Address:  City:  State:  Zip:

Mailing Address (ie: PO Box):  City:  State:  Zip:

Other Address (ie: Snowbirds):

Family Status: Active  Inactive  Home Phone

Previous Parish  Emergency Phone:

### Individual Member Information

|  | MALE ADULT   | FEMALE ADULT   |
|--|--|--|
| (Head of Household, Role: Husband, Wife, etc.)     | <input type="text"/>   | <input type="text"/>   |
| First Name/Nickname:                               | <input type="text"/>   | <input type="text"/>   |
| DOB (mm/dd/yyyy):                                  | <input type="text"/>   | <input type="text"/>   |
| Special Needs:                                     | <input type="text"/>   | <input type="text"/>   |
| 1 <sup>st</sup> Language/2 <sup>nd</sup> Language: | <input type="text"/>   | <input type="text"/>   |
| Ethnic Origin:                                     | <input type="text"/>   | <input type="text"/>   |
| School:  | <input type="text"/>   | <input type="text"/>   |
| Education Level:                                   | <input type="text"/>   | <input type="text"/>   |
| Occupation:  | <input type="text"/>   | <input type="text"/>   |
| Employer:  | <input type="text"/>   | <input type="text"/>   |
| Work Phone:  | <input type="text"/>   | <input type="text"/>   |
| Cell Phone:  | <input type="text"/>   | <input type="text"/>   |
| Email:   | <input type="text"/>   | <input type="text"/>   |
| Sacramental Info:                                  | Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/><br>If Other Religion _____<br>Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/><br><input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> | Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/><br>If Other Religion _____<br>Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/><br><input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Marital Status (Circle One):                       | Single, Married, Separated, Divorced, Widowed  | Single, Married, Separated, Divorced, Widowed  |
| Married by Priest/Deacon? <input type="checkbox"/> | Wedding Date: <input type="text"/>   | Maiden Name: <input type="text"/>  |
| Celebrant Name: <input type="text"/>               | Place/Church <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. Catholic? <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>   |                      |                      |                      |                        |                      |                       |
|    | Add Date if known. <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <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. Catholic? <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>   |                      |                      |                      |                        |                      |                       |
|    | Add Date if known. <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <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.

### Additional Family Members/Children Information

| Relationship to Head of Household<br>(Son, Daughter, Mother, etc.) | First Name | Last Name | Gender | Birthdate & Birthplace | H.S. Grad Yr | School First Language |
|--|------------|-----------|--------|------------------------|--------------|-----------------------|
|--|------------|-----------|--------|------------------------|--------------|-----------------------|

4.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

5.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

6.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

7.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

8.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

9.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

11.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

12.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.    Baptism     Catholic?     1st Communion     Reconciliation     Confirmation

Add Date if known.                     /  /                      /  /                      /  /                      /  /