

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 Contribution Env.? Env#: _____

Publish Phone Publish Address Publish Email

Individual Member Information

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

MALE ADULT

FEMALE ADULT

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)

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 <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. _____ / _____ / _____						
3. _____	_____	_____	_____	_____	_____	_____
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. _____ / _____ / _____						

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