

# St Agnes Parish Family Registration

Reg Date: / /

416 S. Walker Street, Vermillion, SD 57069 (605) 624-4478

Last Name:  First Name(s):

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

Address:  Add2:

City:  State:  Zip:  -

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small> <b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small> <b>First Name / Nickname:</b> <b>Gender:</b> <b>DOB (mm/dd/yyyy):</b> <b>Email:</b>  <b>Work Phone/Cell Phone:</b> <b>First Language:</b> <b>Occupation/Employer:</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 60px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span> / <span style="border: 1px solid black; padding: 2px 40px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 60px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 40px;"></span> / <span style="border: 1px solid black; padding: 2px 40px;"></span></div>
<b>Sacramental Info:</b> <b>Dates (mm/dd/yyyy):</b> <small>(Single, Married, Separated, Divorced, Annulled)</small> <b>Marital Status:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <b>Valid Catholic Marriage?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> <span style="border: 1px solid black; padding: 2px 30px;"></span>	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	
2.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> <span style="border: 1px solid black; padding: 2px 30px;"></span>	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	
3.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>	M / F	<span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span> <span style="border: 1px solid black; padding: 2px 30px;"></span>	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 40px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span></div>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.