

**St Christopher The Martyr Church**  
**Metairie, LA 70001**

**Address Information**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Information**

***Head of Household***

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

Special Needs \_\_\_\_\_

Nick Name \_\_\_\_\_ Birth Place \_\_\_\_\_

Religion \_\_\_\_\_ Martial Status \_\_\_\_\_

***Spouse***

Last Name \_\_\_\_\_ First \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Martial Status \_\_\_\_\_

First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

Special Needs \_\_\_\_\_

Nick Name \_\_\_\_\_ Birth Place \_\_\_\_\_

***Additional Family Member #1***

Last Name \_\_\_\_\_ First \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

Special Needs \_\_\_\_\_

Nick Name \_\_\_\_\_ Birth Place \_\_\_\_\_

**Additional Family Member #2**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Birth Place \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Additional Family Member #3**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Birth Place \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Additional Family Member #4**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Birth Place \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Additional Family Member #5**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Birth Place \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Additional Family Member #6**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Birth Place \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Language \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Special Needs \_\_\_\_\_