



FAMILY PARISH REGISTRATION FORM

Env # _____

[Please complete and return to the parish office]

Last Name: _____ First Name: _____

Preferred Mailing Name

(Example: Mr. & Mrs. John Doe) _____

Home Address: _____

Street

City

State

Zip Code

Primary Phone: _____ Will use Contribution Envelope ☐ Online Giving ☐

In case of emergency contact:

(Name and Phone) _____

INDIVIDUAL MEMBER INFORMATION

Role: ☐ Head of Household ☐ Husband ☐ Wife ☐ Domestic Partner Gender: ☐ Male ☐ Female

First Name: _____ Date of Birth: _____

Or Nickname or Alias

Month / Day / Year

Cell Phone: _____ Email Address: _____

Occupation: _____ Primary language at home: _____

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Please check the Sacraments you have received in the Roman Catholic Church:

BAPTISM ☐ CONFIRMATION ☐ First EUCHARIST ☐ MARRIAGE ☐

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Annulled ☐

INDIVIDUAL MEMBER INFORMATION

Role: ☐ Head of Household ☐ Husband ☐ Wife ☐ Domestic Partner Gender: ☐ Male ☐ Female

First Name: _____ Date of Birth: _____

Or Nickname or Alias

Month / Day / Year

Cell Phone: _____ Email Address: _____

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Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Annulled ☐

Kindly continue at the back for dependent children information ☞

DEPENDENT CHILDREN INFORMATION

Relationship to Head of Household: ☐ Daughter ☐ Son ☐ Other _____ Gender: ☐ Male ☐ Female

Name: _____ Date of Birth: _____
First and Last Name if different from head of household *Month / Day / Year*

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Please check the Sacraments he/she have received in the Roman Catholic Church:

BAPTISM ☐ CONFIRMATION ☐ First EUCHARIST ☐

DEPENDENT CHILDREN INFORMATION

Relationship to Head of Household: ☐ Daughter ☐ Son ☐ Other _____ Gender: ☐ Male ☐ Female

Name: _____ Date of Birth: _____
First and Last Name if different from head of household *Month / Day / Year*

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Please check the Sacraments he/she have received in the Roman Catholic Church:

BAPTISM ☐ CONFIRMATION ☐ First EUCHARIST ☐

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Relationship to Head of Household: ☐ Daughter ☐ Son ☐ Other _____ Gender: ☐ Male ☐ Female

Name: _____ Date of Birth: _____
First and Last Name if different from head of household *Month / Day / Year*

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Please check the Sacraments he/she have received in the Roman Catholic Church:

BAPTISM ☐ CONFIRMATION ☐ First EUCHARIST ☐

DEPENDENT CHILDREN INFORMATION

Relationship to Head of Household: ☐ Daughter ☐ Son ☐ Other _____ Gender: ☐ Male ☐ Female

Name: _____ Date of Birth: _____
First and Last Name if different from head of household *Month / Day / Year*

Roman Catholic: ☐ YES ☐ NO If no, what religion: _____

Please check the Sacraments he/she have received in the Roman Catholic Church:

BAPTISM ☐ CONFIRMATION ☐ First EUCHARIST ☐

 Thank you for registering your family 
