

office use:	Family Last Name_____ First_____ Spouse_____
envelope # _____	Address_____
date registered:	City/State_____ Zip_____
	Family Phone_____ Unlist (Y) (N)      # Children at Home_____
____/____/____	Martial Status:      Catholic Marriage   Civil Marriage   Single   Divorced   Widowed
	Church Attendance:   Frequent   Regular   Occasional   Seldom

	Head (M) (F)	Spouse (M) (F)	Child (M) (F)	Child (M) (F)	Child (M) (F)	Child (M)(F)
Full First Name						
Nick Name						
Last Name if Different						
Maiden Name of Wife						
Religion						
Occupation						
Employer						
Grade						
School						
Phone						
Cell Phone						
Email						
Birth Date						
Baptism - Place						

Comments or Remarks: