

Family Last Name: _____

Date _____

Male: Were you previously registered at
St. Augustine? If so, under what family name:

St. Augustine Parish Registration Form

Please Print

Female: Were you previously registered at
St. Augustine? If so, under what family name:

Male Head of Household	Female Head of Household
Last Name:	Last Name:
First and Middle Names:	First and Middle Names:
Title (Dr., Mr., Sgt., etc.):	Title (Dr., Miss, Mrs., Ms., Sgt., etc.):
	Maiden Name:
Goes by Nickname:	Goes by Nickname:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Home Phone: Cell:	Home Phone: Cell:
Email Address:	Email Address:
Date of Birth:	Date of Birth:
Religion:	Religion:
Baptism (Church, Town, Month/Day/Year)	Baptism (Church, Town, Month/Day/Year)
First Communion (Church, Town, Month/Day/Year)	First Communion (Church, Town, Month/Day/Year)
Confirmation (Church, Town, Month/Day/Year)	Confirmation (Church, Town, Month/Day/Year)
Occupation / Employer:	Occupation / Employer:
Business Phone:	Business Phone:
Retired?	Retired?
Marital Status:	Marital Status:
Date Married:	
Where Married (Church / City Hall / Other, and Town & State)	

St. Augustine Parish Registration Form (continued) Please Print

Children in Household

Dependent Children Last Name	First and Middle Names	Date of Birth	<u>Baptism</u> - Church / Town Month / Day / Year	<u>1st Communion</u> - Church / Town Month / Day / Year	<u>Confirmation</u> - Church / Town Month / Day / Year	Name of School Town	Gender

Others Members of Household

Name	First and Middle Names	Date of Birth	Relationship	Occupation	Gender