

Last Name:		First Name:		Middle Name:		Spouse's Name:	
Street Address:		Apt #:	City:		State:	Zip:	P.O. Box:
Home Phone:	His Work / Cell Phone:		Her Work / Cell Phone:		Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Widowed: <input type="checkbox"/> Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/>		
Email:					Do you have any special skills / talents you could offer the parish:		

Are you interested in information on:
 Weekly Envelopes: Reader: Extraordinary Minister Ladies Guild Knights of Columbus: CCD: CYO/CCC:

Family Registration (Singles register as Head of Household) List each member that lives in your household. Do not list married children living elsewhere. Use reverse for remarks or to explain any special needs.	Number of Children: List additional children on reverse
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	Head of the Household	Spouse	Other Adult (Relationship?)	Child	Child	Child
First Name						
Last / Maiden Name						
Birth Date						
Sex: Male / Female						
Marital Status						
Religion						
Baptized <small>(Yes or No - give date if known)</small>						
First Eucharist <small>(Yes or No - give date if known)</small>						
Confirmed <small>(Yes or No - give date if known)</small>						
Married (date)						
Occupation						
School Attending (child)						
Grade/Degree (child)						
Other						

