OFFICIAL USE
ID # _____ Reg. Date: _____

FAMILY NAME:_____

Street Address:_____ City:_____ Zip:_____

Home Phone: ( )_____ Unlisted: ☐Yes ☐No Cell Phone: ( ) _____ E-Mail Address: _____

MEMBER INFORMATION									
	Head of Household	Spouse	Child	Child	Child	Child	Child	Other in Household	Other in Household
First Name									
Last Name (if different)									
Maiden Name									
Gender									
Marital Status									
Religion									
Ethnicity (used for statistics)									
Occupation or "Student"									
Business Phone									
Grade Student is in									
Date of Birth									
SACRAMENTS RECEIVED Please include dates if know; otherwise YES or NO. (Note: Please give copies of student's baptismal certificates to the Parish Office)									
Baptism									
Eucharist (Communion)									
Reconciliation (Confession)									
Confirmation									
Matrimony									