

5050 ST. LEONARD
Parish ID# Parish Name/City

Reg Date: []
PS Family ID #: []
Diocesan ID #: []
Envelope #: []

FAMILY REGISTRATION FORM

Last Name: [] First Name(s): []
Mailing Name (ie Mr. & Mrs. John Doe): []
Home Address: [] City: [] State: [] Zip: []
Mailing Address (ie: PO Box): [] City: [] State: [] Zip: []
Other Address (ie: Snowbirds): []
Family Status: Active [] Inactive [] Home Phone []
Previous Parish [] Emergency Phone: []

Individual Member Information

(Head of Household,
Role: Husband, Wife, etc.)

MALE ADULT

FEMALE ADULT

First Name/Nickname: []

DOB (mm/dd/yyyy): []

Special Needs: []

1st Language/2nd Language: []

Ethnic Origin: []

School: []

Education Level: []

Occupation: []

Employer: []

Work Phone: []

Cell Phone: []

Email: []

Sacramental Info:

Catholic RCIA []

If Other Religion []

Baptism 1st Communion Confirmation

[] [] []

Catholic RCIA []

If Other Religion []

Baptism 1st Communion Confirmation

[] [] []

Marital Status (Circle One): Single, Married, Separated, Divorced, Widowed

Married by Priest/Deacon? Wedding Date: [] Maiden Name: []

Celebrant Name: [] Place/Church [] City/State: []

Additional Family Members/Children Information

Relationship to

Head of Household

First Name

Last Name

Gender

Birthdate
& Birthplace

H.S.
Grad Yr

School
First Language

(Son, Daughter, Mother, etc.)

1. [] [] [] [] [] [] [] []

Special Needs (Allergies, Handicaps, etc.) []

Check if Sacrament Received. Catholic? Baptism 1st Communion Confirmation

Add Date if known. [] [] []

2. [] [] [] [] [] [] [] []

Special Needs (Allergies, Handicaps, etc.) []

Check if Sacrament Received. Catholic? Baptism 1st Communion Confirmation

Add Date if known. [] [] []

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.

Additional Family Members/Children Information

Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
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4.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

5.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

6.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

7.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

8.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

9.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

11.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

12.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism** **Catholic?** **1st Communion** **Reconciliation** **Confirmation**

Add Date if known. / / / / / /