C-12

| 1230 | | Reg Date: | |

Parish ID#          Parish Name/City          PS Family ID #:

# FAMILY REGISTRATION FORM

Diocesan ID #:

Last Name: [          ]          First Name(s): [          ]

Mailing Name (ie Mr. & Mrs. John Doe): [          ]

Address: [          ]          Add 2: [          ]

City: [          ]          State: [          ]          Zip: [          ] - [          ]

Area Code: [          ]          Home Phone: [          ]          Emerg. Phone: [          ]

Family Status:          Active [          ]          Inactive [          ]          Catholic Times:          Yes [          ]          No [          ]

Permission to publish phone, address, email in Parish Directory          Contribution Env.? ❑          Env#: [          ]

Publish Phone ❑          Publish Address ❑          Publish Email ❑

## Individual Member Information

| | MALE ADULT | FEMALE ADULT |
|---|---|---|
| Role: (Head of Household, Husband, Wife, etc.) | | |
| First Name/Nickname: | | |
| Maiden Name: | | |
| DOB (mm/dd/yyyy): | / / | / / |
| Email: | | |
| Work Phone/Cell Phone: | - / - | - / - |
| Occupation/Employer: | | |
| Special Needs: | | |
| Ethnic Origin: | | |
| 1st Language/2nd Language: | / | / |
| School: | | |
| Education Level: | | |

Sacramental Info:

MALE ADULT:
Baptism ❑   Catholic ❑   Other ❑   RCIA ❑
/ /   _____   / /
Reconciliation ❑   1st Communion ❑   Confirmation ❑
/ /   / /   / /

FEMALE ADULT:
Baptism ❑   Catholic ❑   Other ❑   RCIA ❑
/ /   _____   / /
Reconciliation ❑   1st Communion ❑   Confirmation ❑
/ /   / /   / /

Marital Status: [          ] (Single, Married, Separated, Divorced, Widowed)          [          ] (Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? ❑          Wedding Date: [          ]          Place/Church: [          ]

Celebrant Name: [          ]          City/State: [          ]

## Additional Family Members/Children Information

*ADULT CHILDREN 21+ ARE TO REGISTER SEPARATELY*

| Relationship to Head of Household (Son, Daughter, Mother, etc.) | First Name | Last Name | Gender | Birthdate & Birthplace | H.S. Grad Yr | School First Language |
|---|---|---|---|---|---|---|
| 1. | | | | | | |

Special Needs (Allergies, Handicaps, etc.) _____
Check if Sacrament Received.  Baptism ❑   Catholic? ❑   1st Communion ❑   Reconciliation ❑   Confirmation ❑
Add Date if known.   / /        / /        / /        / /        / /

| 2. | | | | | | |

Special Needs (Allergies, Handicaps, etc.) _____
Check if Sacrament Received.  Baptism ❑   Catholic? ❑   1st Communion ❑   Reconciliation ❑   Confirmation ❑
Add Date if known.   / /        / /        / /        / /        / /

| 3. | | | | | | |

Special Needs (Allergies, Handicaps, etc.) _____
Check if Sacrament Received.  Baptism ❑   Catholic? ❑   1st Communion ❑   Reconciliation ❑   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.**