

Most Holy Rosary
P.O. Box 188, Durand, WI 54736 (715) 672-5640
Family Registration

Last Name: _____ Mailing Name (ie. John & Jane Doe): _____
Mailing Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____ - _____ Env # _____
Home Phone: _____ Emerg. Phone: _____ Family e-mail: _____

Individual Member Information

First Name: _____ Last Name (If different from above): _____
Role (Head, Husband, Wife): _____ Gender: Male / Female
Maiden Name (if applicable): _____ DOB (mm/dd/yyyy): _____
E-mail: _____ Work Phone / Cell Phone: _____ / _____
Occupation / Employer: _____ / _____
Liturgical Minister? (Lector, E.M., Usher, etc.): _____
Sacramental Info (Dates mm/dd/yyyy)
Baptized? Y / N Date: _____ Place: _____
Catholic? Y / N If no, what religion? _____
First Reconciliation? Y / N Date: _____ Place: _____
First Eucharist? Y / N Date: _____ Place: _____
Confirmed? Y / N Date: _____ Place: _____
Marital Status: _____ Date: _____ Place: _____ Valid Catholic Marriage? Y / N

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Dependent Information

Relationship to Head of Household (Son, Daughter, Mother, Father): _____

First Name: _____ Last Name: _____ Gender: M / F

DOB: ____ / ____ / ____ Birthplace: _____

School: _____ H.S. Grad Year: _____

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