

ST. JAMES PARISH REGISTRATION

Permanent Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Is this unpublished or unlisted: Yes No

Description	Head of House	Spouse
*First Name & Middle Initial		
*Last Name		
*Maiden Name (if applicable)		
*Gender (M/F)		
*Date of Birth (MM/DD/YYYY)		
*Email Address		
*Religion		
Marital Status <small>(Married, Single, Widowed, Separated, Divorced)</small>		
Date of Marriage		
Marriage Location <small>(Church/City/State)</small>		
Ethnic Heritage		
Language spoken other than English		
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
First Reconciliation (Confession)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
Former Parish		

*** R E Q U I R E D**

PLEASE FILL OUT BACK SIDE OF FORM

DEPENDENT CHILDREN (Please list all children living in household in descending order of age.)
ADULT CHILDREN LIVING AT HOME (NOTE: should register separately as a parishioner)

Description	Child 1	Child 2	Child 3	Child 4
*First Name & Middle Initial				
*Last Name (if different from household)				
*Gender (M/F)				
*Date of Birth (MM/DD/YYYY)				
*Religion				
School Attending				
Ethnic Heritage				
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
First Reconciliation (Confession)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____

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