

Last, First, Middle/Maiden Head-of Household	Last, First, Maiden/Middle Spouse (if applicable)	Marriage: When, Where	Phone Numbers & Email Address
Religion: _____	Religion: _____	Baptized: _____ Where, When	Home Address
Confirmed: _____ Where, When	Confirmed: _____ Where, When	Occupation: _____	Home Address
Please list everyone in the household:			
Child's Name	Age	Date of Birth	Baptized: When, Where
Child's Name	Age	Date of Birth	Baptized: When, Where
Child's Name	Age	Date of Birth	Baptized: When, Where
Child's Name	Age	Date of Birth	Baptized: When, Where
Child's Name	Age	Date of Birth	Baptized: When, Where
Child's Name	Age	Date of Birth	Baptized: When, Where
Other	Age	Date of Birth	Baptized: When, Where
Other	Age	Date of Birth	Baptized: When, Where
Other	Age	Date of Birth	Baptized: When, Where
Family Interests Liturgical Ministries (Check if interested)			
<input type="checkbox"/> Lector			
<input type="checkbox"/> Altar Server			
<input type="checkbox"/> Usher			
<input type="checkbox"/> Eucharistic Minister			
Skills, Talents (Check/indicate all that apply)			
<input type="checkbox"/> Computer Art Work			
<input type="checkbox"/> Landscaping Writing Projects			
<input type="checkbox"/> Teaching Grant Writing			
<input type="checkbox"/> Decorating Editing			
<input type="checkbox"/> Building Music			
<input type="checkbox"/> Woodworking Plumbing			
<input type="checkbox"/> Organizer Babysitting			
<input type="checkbox"/> Photography Children's Games			
<input type="checkbox"/> Office Help Welcoming			
Other(s): _____			