

# Sacred Heart of Jesus

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: \_\_\_\_\_

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### 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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First Eucharist? Y / N Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmed? Y / N Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_ Valid Catholic Marriage? Y / N

**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: \_\_\_\_\_

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: \_\_\_\_\_

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**Dependent Information**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_

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First Eucharist? Y / N Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? Y / N Date: \_\_\_\_\_ Place: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_

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