St. Mary's Assumption
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:		
Ind	ividual Member	r Information			
First Name:	Last Name (If different from above):				
Role (Head, Husband, Wife):		Gender: Male / Fer	nale		
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:					
Confirmed? Y / N Date:		Place:			
Marital Status: Date:	Place:		Valid Catholic Marriage? Y / N		
Ind	ividual Member	r Information			
First Name:			:		
Role (Head, Husband, Wife):					
Maiden Name (if applicable):		DOB (mm/dd/yyyy)):		
E-mail:					
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:					
First Eucharist? Y / N Date:					
Confirmed? Y / N Date:					
Marital Status: Date:	Place:		Valid Catholic Marriage? Y / N		

Dependent Information

Relationship to Head of Household (Son, Dau	ghter, Mother, Father):		
First Name:	Last Name:		Gender: M/F
DOB:	Birthplace:		_
School:	_		
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:			
Confirmed? Y / N Date:		Place:	
	Dependent Informa	tion	
Relationship to Head of Household (Son, Dau	•		
First Name:	Last Name:		
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:			
	Dependent Informa	tion	
Relationship to Head of Household (Son, Dau	ghter, 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:	