

# St. Michael's Parish Registration Form

FAMILY LAST NAME \_\_\_\_\_

PREVIOUS PARISH \_\_\_\_\_

Name/City/State

Please notify previous parish that you are registering at St. Michael's. You should only be registered in **one** parish in the Diocese of Fargo. Of course you can attend Mass and participate in activities at any parish.

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Please complete the whole form

**Head of Household**

**Adult 2**

Last Name: \_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female

Male  Female

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Religion:  Catholic  Other \_\_\_\_\_

Catholic  Other \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Cell Phone (with area code) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Sacraments Received:  Baptism  
 First Communion  
 Confirmation

Baptism  
 First Communion  
 Confirmation

Marital Status:

Single  Engaged  Widowed  Separated  Divorced  
 Married Date: \_\_\_\_\_ Place: \_\_\_\_\_  
By a Priest?  YES  NO

**Head of Household's** Parents Names & City/State: \_\_\_\_\_

**Adult 2's** Parents Names & City/State: \_\_\_\_\_

Do you prefer to make your contributions to support the parish with weekly envelopes or WeShare Online Giving? (Circle One) **Envelopes** or **Weshare online Giving**

Would you like to be visited by a priest?  YES  NO

If yes, when is the best day and time for a visit? \_\_\_\_\_

# Dependents

Please list anyone age 18 and under living in the household. Children over 18 years old, out of high school and living outside of the home, should register on their own.

	Child 1	Child 2	Child 3	Child 4	Child 5
First Name:	_____	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____	_____
Grade:	_____	_____	_____	_____	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	_____	_____	_____	_____	_____
Religion:	_____	_____	_____	_____	_____
Sacraments:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism
Received:	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation

## Sacramental History and Needs

I consider myself to be:  a practicing Catholic  a returning Catholic  a practicing Christian  
 Someone looking for a spiritual home

I would like to:  find out about becoming Catholic  make my first confession  
 make my First Communion  be Confirmed  
 find out about the annulment process  have our marriage blessed  
Other: \_\_\_\_\_

Are your children in Grades K-12 enrolled in St. Michael's Religious Education Program?  YES  NO  
If NO, are they enrolled in a Catholic School? \_\_\_\_\_

Would you like information about St. Michael's School (Grades Preschool-5)?  YES  NO

Do you have any other questions?

Do you have any special needs or situations that you wish to call to our attention? *(Please indicate below)*

Additional Notes:

Visited by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Mail completed form to: St. Michael's Church, 520 N. 6th St., Grand Forks, ND 58203 or email to: lori\_stmikes@yahoo.com