## HOLY FAMILY AREA CATHOLIC COMMUNITY REGISTRATION FORM

For Office Use Only Envelope #

Select the Parish you	are registerin	ng in:	St. Andrew	St. Jam	ies St	Joseph						
Family (Last) Name	2			Phone	Cell							
Address				Apt #	E-mai	1						
City				State	Zip							
MAN'S FIRST NAME (Husband or single)												
Date of Birth		Baptized	Y/N Confi	irmed Y/N	Present Religion							
Place of Baptism Place of Confirmation Underline your answer												
Marital Status Married by	Single Priest	your answer Married Deacon	Widowed Minister	Separated Rabbi	Divorced Civil Authority	Date of Marriage						
Parental Status	Custodial Pa		n-Custodial Pare		Civil Fluctionky	Place of Marriage						
Occupation			Employer			Work Phone						
WOMAN'S FIRST	NAME (Wif	fe or single)			Maiden Name							
Date of Birth		Baptized	Y/N Confi	irmed Y/N	Present Religion							
Place of Baptism			Place	of Confirmation	on							
	Underline	your answer										
Marital Status	Single	Married	Widowed	Separated	Divorced							
Parental Status	Custodial Pa	arent No	n-Custodial Pare	ent								
Occupation			Employer	Work Phone								

Children (18 & under) First Names (Last Name if different)	Date of Birth	Male/ Female	Religion	1	Baptized Yes/No	Rec'd Communion Yes/No	Confirmed Yes/No	Living at home Yes/No	Name of School	Grade
Adults (Children Over 18) First Names (Last Name if Different)	Date of Birth	Present Religion		Baptized Yes/No	Confirmed Yes/No	Living at Home Yes/No	Occupation/Employer/School			
Any other Persons Living in this home Date of Birth		Present Religion		Baptized Yes/No	Confirmed Yes/No	Relationship	Occ	Occupation/Employer/School		

## IF ONE PARTY IS NOT CATHOLIC

Please address the mail to the Catholic member only

Please address the mail to both husband and wife

NOTE: The information given on this form will be kept confidential except where names, addresses and/or phone numbers are needed for office and parish purposes.