

ST. MARY'S NATIVITY CATHOLIC CHURCH FAMILY REGISTRATION FORMType Registration (circle one): **New** **Update****FAMILY INFORMATION**

Last Name:		First Name(s):	
Family address:			
City:		State:	Zip:
Primary Phone #:		Emergency Phone #:	
Family E-mail address:			
Marital Status (circle one): Single Married Separated Divorced Widowed			Marriage Date:
Marriage Type (circle one): N/A Catholic Church Other Church Civil Ceremony Civil Ceremony (Blessed)			
Wedding Church and/or City Name: (i.e. St. Mary's/Raceland, LA)			Contribution envelope # (if known):
I will make contributions using envelopes; I will do so online (circle one): Envelopes Online Other			
I give the Church permission to publish the following information in the parish directory (circle one for each): My phone #:			
Yes	No	My mailing address: Yes	No
		My Email address: Yes	No
I give the Church permission to publish any picture(s) of any of my family, taken during Church functions, in the Church bulletin, website, or Facebook page. Yes No			
Is any member of your household a special needs individual or in need of visitation by a priest? Yes No			
If so, please explain:			

MEMBER INFORMATION - HEAD OF HOUSEHOLD

Head of Household Name (First/Middle/Last):			
Nickname:		Maiden Name (if applicable):	
Active parishioner: Yes	No	Gender: Male	Female
Date of Birth:		Religion:	
E-mail address:		Work phone:	
Cell phone:			
Special needs (handicaps, allergies, etc.):			
First language:		Ethnicity:	Education level:
RCIA? Yes	No	Baptized? Yes	No
Date:		Church parish & city:	
Confirmed? Yes	No	Date:	
Church parish & city:		Date:	
First Reconciliation?: Yes	No	Date:	
Church parish & city:		Date:	
First Eucharist?: Yes	No	Date:	
Church parish & city:		Date:	

MEMBER INFORMATION - SPOUSE

Spouse Name (First/Middle/Last):			
Nickname:		Maiden Name (if applicable):	
Active parishioner: Yes	No	Gender: Male	Female
Date of Birth:		Religion:	
E-mail address:		Work phone:	
Cell phone:			
Special needs (handicaps, allergies, etc.):			
First language:		Ethnicity:	Education level:
RCIA? Yes	No	Baptized? Yes	No
Date:		Church parish & city:	
Confirmed? Yes	No	Date:	
Church parish & city:		Date:	
First Reconciliation?: Yes	No	Date:	
Church parish & city:		Date:	
First Eucharist?: Yes	No	Date:	
Church parish & city:		Date:	

Please fill in all blanks and provide changes where necessary. Mail or bring completed forms to the church office.

ST. MARY'S NATIVITY CATHOLIC CHURCH FAMILY REGISTRATION FORM

DEPENDENT INFORMATION - Dependent/Child 1

Dependent Name (First/Middle/Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate: Yes No			Graduation Year/School:		
Education Level:		First Language:		Participated in RCIA? Yes No	
RCIA? Yes No		Baptized? Yes No		Date:	
Church parish & city:		Confirmed? Yes No			
Date:		Church parish & city:			
First Reconciliation?: Yes No		Date:		Church parish & city:	
First Eucharist?: Yes No		Date:		Church parish & city:	

DEPENDENT INFORMATION - Dependent/Child 2

Dependent Name (First/Middle/Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate: Yes No			Graduation Year/School:		
Education Level:		First Language:		Participated in RCIA? Yes No	
RCIA? Yes No		Baptized? Yes No		Date:	
Church parish & city:		Confirmed? Yes No			
Date:		Church parish & city:			
First Reconciliation?: Yes No		Date:		Church parish & city:	
First Eucharist?: Yes No		Date:		Church parish & city:	

DEPENDENT INFORMATION - Dependent/Child 3

Dependent Name (First/Middle/Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate: Yes No			Graduation Year/School:		
Education Level:		First Language:		Participated in RCIA? Yes No	
RCIA? Yes No		Baptized? Yes No		Date:	
Church parish & city:		Confirmed? Yes No			
Date:		Church parish & city:			
First Reconciliation?: Yes No		Date:		Church parish & city:	
First Eucharist?: Yes No		Date:		Church parish & city:	

DEPENDENT INFORMATION - Dependent/Child 4

Dependent Name (First/Middle/Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate: Yes No			Graduation Year/School:		
Education Level:		First Language:		Participated in RCIA? Yes No	
RCIA? Yes No		Baptized? Yes No		Date:	
Church parish & city:		Confirmed? Yes No			
Date:		Church parish & city:			
First Reconciliation?: Yes No		Date:		Church parish & city:	
First Eucharist?: Yes No		Date:		Church parish & city:	

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