

## Divine Savior Congregation

P.O. Box 250, Fredonia, WI 53201 262-692-9994  
[divinesavior@dsoll.org](mailto:divinesavior@dsoll.org) dsoll.org

For Office Use Only

Date Registered \_\_\_\_\_

Envelope No. \_\_\_\_\_

OSV \_\_\_\_\_

Parish Soft \_\_\_\_\_

Arch \_\_\_\_\_

Family (last) Name \_\_\_\_\_ Primary Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Status (circle one) Married Couple Mixed Religion Marriage Single Divorced Widowed

If married, Date of Marriage \_\_\_\_\_ Place/Parish \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

Head of Family First & Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Any special needs? \_\_\_\_\_

Sacraments received (please check) Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Spouse First & Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Any Special Needs? \_\_\_\_\_

Sacraments received (please check) Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Children (dependent children living at home or away at school)

Baptismal Name Of Child	Sex	Date of Birth	Name of School	Baptism	Communion	Reconciliation	Confirmation
				Yes/No	Yes/No	Yes/No	Yes/No
				Yes/No	Yes/No	Yes/No	Yes/No
				Yes/No	Yes/No	Yes/No	Yes/No
				Yes/No	Yes/No	Yes/No	Yes/No

Please list any other member information or special circumstances which you feel should be shown in our Parish records \_\_\_\_\_