

St. Nicholas Catholic Church

Family Registration

4331 Capac Road, Capac, MI 48014

(810) 724-1135

staff@implaysacredheart.org

Registration Date: __/__/__ Do You Want Contribution Envelopes? Y/N for office use only Env# _____

Family Information

Last Name: _____

Home Phone: _____

First Name(s) _____

Family Email: _____

Address: _____

City: _____ State: _____

Zip: _____ - _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon Y/N

Anniversary Date: __/__/__ Wedding Church/City: _____

Husband/Head

Active Catholic: Active / Inactive / Other: _____

Name: _____

DOB: __/__/__

Sacramental Info:

Baptized Y/N Catholic Y/N RCIA Y/N

1st Reconciliation Y/N First Eucharist Y/N Confirmed Y/N

Occupation: _____

Work Phone: _____

Email: _____

Wife

Active / Inactive / Other _____

Name: _____

DOB: __/__/__ (Maiden)

Sacramental Info:
Baptized Y/N Catholic Y/N RCIA Y/N

1st Reconciliation Y/N First Eucharist Y/N Confirmed Y/N

Occupation: _____

Work Phone: _____

Email: _____

Children Information

<u>Child's Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Grad Year</u>				
_____	__/__/__	M / F	_____	Special Needs: _____			
	Baptism Y/N	Catholic Y/N	1st Eucharist Y/N	1st Reconciliation Y/N	Confirmation Y/N		
<i>Add Sacrament Dates if known.</i>	__/__/__		__/__/__	__/__/__	__/__/__		
_____	__/__/__	M / F	_____	Special Needs: _____			
	Baptism Y/N	Catholic Y/N	1st Eucharist Y/N	1st Reconciliation Y/N	Confirmation Y/N		
<i>Add Sacrament Dates if known.</i>	__/__/__		__/__/__	__/__/__	__/__/__		
_____	__/__/__	M / F	_____	Special Needs: _____			
	Baptism Y/N	Catholic Y/N	1st Eucharist Y/N	1st Reconciliation Y/N	Confirmation Y/N		
<i>Add Sacrament Dates if known.</i>	__/__/__		__/__/__	__/__/__	__/__/__		
_____	__/__/__	M / F	_____	Special Needs: _____			
	Baptism Y/N	Catholic Y/N	1st Eucharist Y/N	1st Reconciliation Y/N	Confirmation Y/N		
<i>Add Sacrament Dates if known.</i>	__/__/__		__/__/__	__/__/__	__/__/__		