

Membership Registration Date: ____/20____

Family Name:			
Address:			
Home Phone:	Unlisted? Lyes No		
If married, anniversary date:	Catholic Marriage?		
Tithing Envelopes	□Yes □No		
ADULT #1 (18 or older)			
Name: First Middle	Last Maiden (if applicable)		
Birth Date:/	Sex: Male Female		
Education Level:	Occupation:		
Employer:	Phone:		
E-mail:			
Would you like to receive e-mails from the chu	rch about events and information of interest?		
Religion practiced:	Baptized?		
If Baptized, in what church?			
Church	City/State		
Confirmed? $\square_{Yes} \square_{No}$ First Communion? $\square_{Yes} \square_{No}$			
Special needs? (e.g., sight, hearing, mobility)			
If you do have special needs, please specify:			

ADULT #2 (18 or older)				
Name: First Middle Last Maiden (if applicable)				
Birth Date:/ Sex: \[\sqrt{Male} \sqrt{Female}				
Education Level: Occupation:				
Employer: Phone:				
E-mail: Would you like to receive e-mails from the church about events and information of interest? Yes No				
Religion practiced: Baptized?				
If Baptized, in what church? Church City/State				
Confirmed? \(\sum_{\text{Yes}} \sum_{\text{No}} \) First Communion? \(\sum_{\text{Yes}} \sum_{\text{No}} \)				
Special needs? (e.g., sight, hearing, mobility) $\square_{Yes} \square_{No}$				
If you do have special needs, please specify:				
ADULT #3 (18 or older)				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable) Birth Date:// Sex: Male Female				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable)				
Name: First Middle Last Maiden (if applicable)				

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CHILD #1 (17 or younger)				
Name:	Middle	Last	Preferred or Nickn	ame
Birth Date://		Sex: Ma	le Female	
School Attending:	Religious Education:			
Baptized?	Confirmed?	□Yes □No	First Communion?	$\square_{\mathrm{Yes}} \ \square_{\mathrm{No}}$
If Baptized, in what church?	Church		City/State	
Specify any special needs:				
CHILD #2 (17 or younger)				
Name: First	Middle	Last	Preferred or Nickn	ame
Birth Date: //			le Female	unic
	Religious Education:			
Baptized? Yes No				
If Baptized, in what church?				
Specify any special needs:	Church		City/State	
CHILD #3 (17 or younger)				
Name:First	Middle	Last	Preferred or Nickn	ame
Birth Date://			le Female	
School Attending:	Religious Education:			
Baptized?	Confirmed?	$\square_{\mathrm{Yes}} \ \square_{\mathrm{No}}$	First Communion?	$\square_{\mathrm{Yes}} \ \square_{\mathrm{No}}$
If Baptized, in what church?	Church		City/State	
Specify any special needs:				

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CHILD #4 (17 or younger)			
, ,			
Name: First	Middle	Last Preferred or Nickname	
Birth Date://		Sex: Male Female	
School Attending:		Religious Education:	
Baptized?	Confirmed?	□Yes □No First Communion? □Yes □No	
If Baptized, in what church?	Church	City/State	
Specify any special needs:			
CHILD #5 (17 or younger)			
Name:First	Middle	Last Preferred or Nickname	
Birth Date://		Sex: Male Female	
	Religious Education:		
		□Yes □No First Communion? □Yes □No	
-		Tes = No Trist Communion: = Tes = No	
If Baptized, in what church?	Church	City/State	
Specify any special needs:			
CHILD #6 (17 or younger)			
Name:	Middle	Last Preferred or Nickname	
Birth Date://		Sex: Male Female	
	Religious Education:		
		□Yes □No First Communion? □Yes □No	
If Baptized, in what church?	Cl. 1	City/State	
Specify any special needs:		City/State	

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