

# Catholic Tri-Parishes

## Registration Form

St. Columbkille

Holy Family

St. John the Baptist

Office: (920) 927-3102

Fax: (920) 927-1970

Date: \_\_\_\_\_ Parish: Holy Family, Reeseville \_\_\_\_\_  
St. Columbkille, Elba \_\_\_\_\_  
St. John the Baptist, Clyman \_\_\_\_\_

Family Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Head of Household Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized Y N Eucharist Y N Confirmation Y N

Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Annulment \_\_\_\_

Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized Y N Eucharist Y N Confirmation Y N

Children at Home:

Name:	Birthdate	Baptized	Eucharist	Confirmation
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N
_____	___/___/___	Y N	Y N	Y N