

(Please type or print. Leave blank anything you do not wish to answer.)

REGISTRATION

Family/Last Name _____

Address _____ **City & Zip Code** _____

E-mail Address _____

Telephone () _____ **Listed** _____ **Unlisted** _____

Male's First & Middle Name _____ **Cell ()** _____

Birth Date (M/D/Y) _____ **Occupation** _____

Religion ___ Catholic ___ Orthodox ___ Assembly of God ___ Baptist ___ Episcopalian ___ Lutheran ___ Methodist ___ Pentecostal
___ Presbyterian ___ Other Protestant ___ Buddhist ___ Hindu ___ Jewish ___ Muslim ___ None

Sacraments Received (Yes or No) ___ Baptized ___ 1st Communion ___ Confirmed

Marital Status ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Ethnicity ___ African American ___ Asian ___ Chinese ___ Hispanic ___ Native American ___ S. American ___ S. Pacific ___ White ___ Other

Language(s) ___ English ___ Spanish ___ Other: _____

Education Grade/Degree _____

Female's First & Middle Name _____ **Maiden Name** _____ **Cell ()** _____

Birth Date (M/D/Y) _____ **Occupation** _____

Religion ___ Catholic ___ Orthodox ___ Assembly of God ___ Baptist ___ Episcopalian ___ Lutheran ___ Methodist ___ Pentecostal
___ Presbyterian ___ Other Protestant ___ Buddhist ___ Hindu ___ Jewish ___ Muslim ___ None

Sacraments Received (Yes or No) ___ Baptized ___ 1st Communion ___ Confirmed

Marital Status ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Ethnicity ___ African American ___ Asian ___ Chinese ___ Hispanic ___ Native American ___ S. American ___ S. Pacific ___ White ___ Other

Language(s) ___ English ___ Spanish ___ Other _____

Education Grade/Degree _____

Over

If presently married, were you married in the CATHOLIC CHURCH or in another church with the permission of the Catholic Church?

(Y/N)_____ **Date of Marriage**_____

Please list children and other adults presently living at home. List the oldest to the youngest.

List last name if different from family name.

First Name & Initial	Birth Date (M/D/Y)	Baptized (Y/N)	1st Communion (Y/N)	Confirmation (Y/N)	School	Grade

Is anyone in the household, homebound, disabled or have any special needs? (Y/N) _____ **Please specify.**_____

Comments: