



# ST. RAPHAEL CATHOLIC CHURCH -DULUTH, MN

## PARISH REGISTRATION FORM

<i>FAMILY INFORMATION</i>		
Family Last Name:		
Street Address:		
Mailing Address (if different):		
City:	State:	Zip:
Home Phone:	Primary E-Mail:	

<i>HEAD(S) OF THE HOUSEHOLD</i>		
<i>ADULT ONE:</i> Catholic	Title (circle one): Mr. Mrs. Dr. Ms. Other: _____	
First Name:	Middle Name:	
Last Name:	(Maiden Name):	
Gender:	Date of Birth (MM/DD/YYYY):	
Church of Baptism:	City and State:	Date of Baptism
	First Communion? Yes No	Confirmation? Yes No
Cell Phone:	E-mail:	
Occupation:	Workplace:	

<i>ADULT TWO:</i>	Title (circle one): Mr. Mrs. Dr. Ms. Other: _____	
First Name:	Middle Name:	
Last Name:	(Maiden Name):	
Gender:	Date of Birth (MM/DD/YYYY):	
Religion:	Baptized?	
Church of Baptism:	City and State:	Date of Baptism
	First Communion? Yes No	Confirmation? Yes No
Cell Phone:	E-mail:	
Occupation:	Workplace:	

<i>COUPLE INFORMATION</i>	Place of Marriage:	
Date of Marriage:	If Married Outside the Church, was Marriage Convalidated/Blessed?	
If so, in what Church?	Date of Convalidation:	

## *CHILDREN and other dependents*

*Please list all children at home and other dependents. Additional pages are available on request, if needed.*

<b>CHILD ONE:</b>	First Name:	Middle Name:
Last Name (if different):		
Gender:	Date of Birth (MM/DD/YYYY):	Baptized?
Church of Baptism:	City and State:	Date of Baptism (MM/DD/YYYY)
Reconciliation? Yes No	First Communion? Yes No	Confirmation? Yes No
Grade:	School:	

<b>CHILD TWO:</b>	First Name:	Middle Name:
Last Name (if different):		
Gender:	Date of Birth (MM/DD/YYYY):	Baptized?
Church of Baptism:	City and State:	Date of Baptism (MM/DD/YYYY)
Reconciliation? Yes No	First Communion? Yes No	Confirmation? Yes No
Grade:	School:	

<b>CHILD THREE:</b>	First Name:	Middle Name:
Last Name (if different):		
Gender:	Date of Birth (MM/DD/YYYY):	Baptized?
Church of Baptism:	City and State:	Date of Baptism (MM/DD/YYYY)
Reconciliation? Yes No	First Communion? Yes No	Confirmation? Yes No
Grade:	School:	

<b>CHILD FOUR:</b>	First Name:	Middle Name:
Last Name (if different):		
Gender:	Date of Birth (MM/DD/YYYY):	Baptized?
Church of Baptism:	City and State:	Date of Baptism (MM/DD/YYYY)
Reconciliation? Yes No	First Communion? Yes No	Confirmation? Yes No
Grade:	School:	

I have attached additional page(s) for children: Yes No