

LAST NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: H \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

	HEAD OF HOUSE	SPOUSE		CHILD	CHILD	CHILD	CHILD
<b>First Name</b> <b>Middle Name</b> <b>Nick Name</b>			<b>First Name</b> <b>Middle</b> <b>Nick Name</b>				
<b>Maiden Name</b>			<b>Last Name (if different)</b>				
<b>Birth date</b>			<b>Birth date</b>				
<b>Marital Status</b>			<b>Sex (M/F)</b>				
<b>Occupation</b>			<b>School</b>				
<b>Catholic (Y/N)</b>			<b>Catholic (Y/N)</b>				
<b>Baptism</b> Place Date			<b>Baptism</b> Place Date				
<b>Confirmation</b> Place Date			<b>1<sup>st</sup> Communion</b> Place Date				
<b>Marriage</b> Church Name Denomination Date			<b>Confirmation</b> Place Date				

Please return this form to the Parish Office at 11300 Frankfort Pkwy NE, St. Michael or fax to 763-497-5273. Questions? 763-497-2745

[www.stmichaelcatholicchurch.org](http://www.stmichaelcatholicchurch.org)

**OFFICE USE ONLY** ENV # \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ GROUP # \_\_\_\_\_