

**ST. CHRISTOPHER REGISTRATION FORM**

|  |                      |                 |                 |                             |                  |  |   |
|--|----------------------|-----------------|-----------------|-----------------------------|------------------|--|---|
| <b>LAST Name</b> _____<br><b>Address</b> _____ <b>Apt. #</b> _____<br>_____<br><b>City/State/Zip</b> _____<br><b>Primary Phone</b> _____ <b>(Other)</b> _____<br><b>Email address</b> _____,<br><b>Other contact info you'd like us to have:</b> _____ |                      |                 |                 |                             |                  | <b>Today's Date:</b> _____<br><b>Attending St. Christopher since when:</b> _____<br><b>Do you wish to use envelopes? Yes</b> ____ <b>No</b> ____ |   |
| <b>Are you married, single, divorced, widowed?</b> _____ <b>If married, were you married by a Catholic priest?</b><br>Yes _____ No _____   |                      |                 |                 |                             |                  | <b>If you were not married by a Catholic priest, has your marriage been sanated or convalidated?</b><br>Yes _____ No ____                        |   |
| -----ANSWER YES OR NO-----   |                      |                 |                 |                             |                  |  |   |
| <b>NAME INFO</b>   | <b>Date of Birth</b> | <b>CATHOLIC</b> | <b>BAPTISED</b> | <b>1<sup>ST</sup> COMM.</b> | <b>CONFIRMED</b> | <b>EMPLOYER</b>  | <b>TALENTS, INTERESTS, MINISTRY EXPERIENCE</b>              |
| <b><u>Head of Household's Full Name:</u></b>   |                      |                 |                 |                             |                  |  |   |
| <b><u>Spouse's Full Name:</u></b>  |                      |                 |                 |                             |                  |  |   |
| <b>CHILDREN UNDER 18, LIVING WITH YOU*-- Full Names:</b>   | <b>Date of Birth</b> | <b>CATHOLIC</b> | <b>BAPTISED</b> | <b>1<sup>ST</sup> COMM.</b> | <b>CONFIRMED</b> | <b>GRADE, NAME OF SCHOOL or HOME SCHOOL</b>  | <b>ATTENDING OUR RELIGIOUS EDUCATION PROGRAM? YES OR NO</b> |
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| <b>OTHERS LIVING WITH FAMILY*-- Full Names:</b>  | <b>Date of Birth</b> | <b>CATHOLIC</b> | <b>BAPTISED</b> | <b>1<sup>ST</sup> COMM.</b> | <b>CONFIRMED</b> | <b>NAME OF SCHOOL OR EMPLOYER</b>  | <b>HOW RELATED TO ABOVE FAMILY</b>                          |
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