

St. William Parish — Walled Lake

Registration Form

Family Information

Instructions: Fill in all **yellow** spaces that apply. There is one "family" sheet, and one sheet for each member.

Families

Family ID:

Last Name

Mailing Name

"Mailing Name" is how you want your mail to be addressed.
For example: "Mr. and Mrs. William D. Vercelli"

Notes

Home

Addr

City

Zip

Phone

If you wish *mail* sent to a *different* address (EG: PO Box), or if you have an alternate address (such as a winter or summer home), enter that information here:

Primary Phone
(If different)

Family Email

Today's Date

Send Contribution Envelopes (No need to check if giving electronically)

Env. #

- I wish to contribute electronically using the Parish's secure service.
- I will set it up myself. (Instructions will be provided.)
- I would like help setting this up.

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Members

Tips: *Title* means “Mr., Mrs., Miss, Ms., Dr.,” etc.
Role means “Husband, Wife, Head (of household), Son,” etc.
Special Needs could be “hearing impaired, needs wheelchair,” etc.

Member

Gender	Title	First	NickName	Middle	Last (if different)	Suffix	Maiden Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Role (EG: wife) <input style="width: 100%;" type="text"/>	BirthDate <input style="width: 100%;" type="text"/>	1 st Language (if NOT English) <input style="width: 100%;" type="text"/>	Religion <input type="checkbox"/> Catholic? <input type="checkbox"/> Chaldean Rite? <input type="checkbox"/> Other Eastern Rite? Other (if NOT Catholic): <input style="width: 100%;" type="text"/>
Email Address <input style="width: 100%;" type="text"/>			

General Info

Contact Information

Work Phone

Cell Phone

Sacraments Received

Baptism

Penance

First Communion

Confirmation

Current Marital Status

Never married

Divorced

Widowed

Currently married

If married, please complete (just once) the following section:

Spouse's Name (if not listed as member): _____

Place of marriage (Church): _____

City: _____ Date: _____

Was this a valid Catholic Marriage? Yes No Unsure

Education and Career

Career Type <input style="width: 100%;" type="text"/>	Employer <input style="width: 100%;" type="text"/>
Grade (if child) <input style="width: 100%;" type="text"/>	School (if child) <input style="width: 100%;" type="text"/>
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Special Needs?

Inactive Status?

(Does not wish contact, or any involvement.)

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