



BURLINGTON-LYONS
CATHOLIC COMMUNITY
ST. MARY • ST. JOSEPH • ST. CHARLES

FAMILY REGISTRATION FORM

Choose your parish: ☐ St. Mary ☐ St. Joseph ☐ St. Charles

Mass Day/Time Preference: _____

OFFICE USE ONLY

Date Registered: _____

ID/Envelope #: _____

Family Last Name _____ Street Address _____

Wife's Maiden Name _____ City/State/Zip _____

New parishioners: May we welcome you by name in the bulletin?

☐ Yes ☐ No

Mailing Address *if different* _____

City/State Zip _____

HEAD OF HOUSE:

Select one: Mr Mrs Ms Miss Dr Name (first + middle initial) _____

Sex: M F Church

Date of Birth _____ Nickname _____ Marital Status* _____

Baptized: N Y _____

Religion/Denomination _____ Race _____ Phone _____

1st Comm: N Y _____

Email _____ Occupation _____

Confirmed: N Y _____

Special needs ** _____ Employer _____

Convert: Y N

SPOUSE:

Select one: Mr Mrs Ms Miss Dr Name (first + middle initial) _____

Sex: M F Church

Date of Birth _____ Nickname _____ Marital Status* _____

Baptized: N Y _____

Religion/Denomination _____ Race _____ Phone _____

1st Comm: N Y _____

Email _____ Occupation _____

Confirmed: N Y _____

Special needs ** _____ Employer _____

Convert: Y N

Date of Marriage _____ Location of Marriage (Name/City/State) _____

Catholic Ceremony? Y N

* Single/Engaged/Married/Widow(er)/Divorced/Legally Separated ** Vision/Hearing/Mental/Autism/Physical/Wheelchair/Shut-in

Please see other side for children ➔

CHILD

Name (Last, first + middle initial) _____

Sex: M F Church

Nickname _____ Date of Birth _____ Race _____ Religion _____

Baptized: N Y _____

School _____ Grade _____ Special needs**† _____

1st Comm: N Y _____

Religious Education Background (explain): _____

Confirmed: N Y _____

CHILD

Name (Last, first + middle initial) _____

Sex: M F Church

Nickname _____ Date of Birth _____ Race _____ Religion _____

Baptized: N Y _____

School _____ Grade _____ Special needs**† _____

1st Comm: N Y _____

Religious Education Background (explain): _____

Confirmed: N Y _____

CHILD

Name (Last, first + middle initial) _____

Sex: M F Church

Nickname _____ Date of Birth _____ Race _____ Religion _____

Baptized: N Y _____

School _____ Grade _____ Special needs**† _____

1st Comm: N Y _____

Religious Education Background (explain): _____

Confirmed: N Y _____

CHILD

Name (Last, first + middle initial) _____

Sex: M F Church

Nickname _____ Date of Birth _____ Race _____ Religion _____

Baptized: N Y _____

School _____ Grade _____ Special needs**† _____

1st Comm: N Y _____

Religious Education Background (explain): _____

Confirmed: N Y _____

** Vision/Hearing/Mental/Autism/Physical/Wheelchair/Shut-in †Custody arrangements, family situation

SHUT-IN LOCATIONS

Name _____

Hospital/Nursing Home _____

Name _____

Hospital/Nursing Home _____