

Family Last Name _____ Transferring from _____ Parish _____

Title: Mr/Mrs Mr Mrs Miss Ms Dr/Mrs Dr/Dr Dr City/State _____

P. O. Box _____ Street Address _____ Phone # () _____ Unlisted: Y N

City/State/Zip _____ Will Use Envelopes: Y N

Church Attendance: Frequent Regular Occasional Seldom Comment or Remarks _____

MEMBER INFORMATION

First Name	Head	Spouse	Child	Child	Child	Child	Child	Other
Last Name if Different or Maiden Name								
*Marital Status (See choices below)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Sex								
Birth Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Religion								
Handicap								
Languages Spoken								
Occupation								
Location								
Bus Phone + Ext.								
Grade								

*Marital Status: Sing = Single Chu Mar = Married by a Priest Civ Mar = Married by a J. P., etc. Sep = Separated Div = Divorced Wid = Widow/Widower

MEMBER INFORMATION CONTINUED

Family last name _____

See choices below regarding sacraments	Head	Spouse	Child	Child	Child	Child	Other
First Name							
Baptism	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	
Date Church City, State	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____
Penance	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	
First Communion	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	
Confirmation	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	
Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	
Marriage	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	(Y) (N) (U) (H)	
Date Church City, State	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____	____/____/____ _____ _____
Religious Instruction: Grade Completed: _____							
Church City, State							
Minister/ Talents							
Minister/ Talents							
Minister/ Talents							
Would like to volunteer for:							

*Regarding the sacraments: (Y) = Sacrament was received, even if date unknown (N) = Sacrament was not received (U) = Unknown (No information regarding the sacrament)

(H) = Here (If sacrament was received at our church)

Would you like information about our Religious Education Programs for your children? YES NO