



St. Boniface Parish Registration

Welcome! We welcome you to our community of faith at St. Boniface Parish.

Date of Registration	
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Family/Last Name	
Street Address	
City, State	
Zip/Postal Code	
Main Contact Number	

Head of Household			
First Name			
Last Name			
Cell Phone			
Email			
Profession			
Location			
Date of Birth			
Education (Circle highest education completed and fill in info)	High School 9 10 11 12 or GED	Attended Continuing Ed Courses or achieved Certificate in:	Assoc / Bchr/ Mstr / Phd (circle and list area of study)
Religion			
Practicing	Yes	No	
Baptized	Yes	No	Date
Communion	Yes	No	Date
Confirmation	Yes	No	Date
Religious Education	Yes	No	Date

Spouse			
First & Maiden Name			
Last Name			
Cell Phone			
Email			
Profession			
Location			
Date of Birth			
Education (Circle highest education completed and fill in info)	High School 9 10 11 12 or GED	Attended Continuing Ed Courses or achieved Certificate in:	Assoc / Bchr/ Mstr / Phd (circle and list area of study)
Religion			
Practicing	Yes	No	
Baptized	Yes	No	Date
Communion	Yes	No	Date
Confirmation	Yes	No	Date
Religious Education	Yes	No	Date

(if married)

Marital Status	
Married <input type="checkbox"/>	Single <input type="checkbox"/>
Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>

Marriage Date:
Married at Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church Name:
City, State

Children under the age of 18 (fill in the information and check all that apply)

First Name	Date of Birth	M/F	Grade	School	Baptized	Comm.	Confirmed	Religious Ed.
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a member of St. Boniface Congregation, I understand photographs/digital images may be taken at parish/school events and Masses for parish/school publications in which I or members of my family or household may appear. I further understand these photographs will be used for parish/school publications which may include, but are not limited to bulletins, brochures, advertisements, the parish website, pastoral reports, school yearbooks, etc. Photographs will not be sold to outside businesses and names will not appear without permission. Please sign and date below:

Signature: _____ Date: _____

Signature: _____ Date: _____

Do you have any questions or special needs? No: ____ Yes: ____

If yes, please explain: _____

Please call the Parish Office with any questions or concerns at 262-628-2040.
 You will also find help full information on our website at stbonifacewi.org
 We look forward to having you become part of our parish family!