

# Whiting/Robertsdale Catholic Community Church

## Family Registration

Family Name		Address		City, State		Zip		Phone Number		Unlisted?	
E-Mail:		Street:		Mailing:							
Head of Household:		Name		Cell Phone/ Work Number		Date of Birth		Baptism Date/Place		1st Comm. Date/Place	
Spouse:											
Marital Status		Date Married		Church Where Married		City		Officiated By: (Name of Priest/Judge/Other)			
Occupation For:		Retired:		Employer For:		Work Phone For:					
Head of Household:		Spouse:		Head:		Spouse:		Head of Household:		Spouse:	
Other Members		Relation		Date of Birth		Baptism Date/Place		1st Comm. Date/Place		Confirmation Date/Place	
Date Registered		Previous Parish		ID / Envelope #		Updated					

Is there is anyone in your family with a disability or special need that we need to be aware of? Y / N  
 If yes, please describe:

Do you plan to send your children to a Catholic School: Y / N  
 Do you plan to send your children to a Religious Education Program: Y / N