



# REGISTRATION

PLEASE PRINT

PLEASE PRINT

Date \_\_\_\_\_  
 FAMILY NAME \_\_\_\_\_ Home Phone \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ Email \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

HUSBAND	
Name	_____
Birthdate	_____
	Month/Day/Yr.
Religion	_____
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	_____
Business Phone	_____
Cell Phone	_____

(OVER)

WIFE	
Name	_____
Birthdate	_____
	Month/Day/Yr.
Religion	_____
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	_____
Business Phone	_____
Cell Phone	_____

(OVER)

SINGLE	
Name	_____
	(Indicate Mr., Miss or Ms.)
Birthdate	_____
	Month/Day/Yr.
Religion	_____
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	_____
Business Phone	_____
Cell Phone	_____

(OVER)

PLEASE FILL IN ALL INFORMATION WHERE APPLICABLE

## CHILDREN AT HOME

Name	Birthdate Month/Day/Yr.	Baptized	First Comm.	Confirmed	School	Grade
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

/We would prefer to receive my/our offering envelopes  One envelope for each month (sent every two months)  
 An envelope for each Sunday (sent every two months)

/We have the following needs or special circumstances:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_