

IC _____
 SPC _____
 SSCM _____



Envelope # _____

REGISTRATION FORM

FAMILY NAME: _____
 ADDRESS: _____ PHONE: _____
 CITY & ZIP CODE: _____ EMAIL ADDRESS: _____

Husband/Wife (Please include maiden name) or Single

Name	Religion	Date of Birth	Baptism Y/N	1st Communion Y/N	Confirmation Y/N	Occupation	Employer	Bus. Phone #	Dis.	Race	M/F

Marital Status: () Married () Single () Widow(er) () Separated () Divorced

Date of Marriage: _____ Church/Place of Marriage: _____ City/State: _____

Children living at home

Name	Male/Female	Date of Birth	City/State of Birth	Baptism	1st Communion	Confirmation	Grade	School Name	Dis.	Race	M/F

Previous Parish: _____ City/State: _____