C-12

Parish ID# | Parish Name/City

Reg Date:

PS Family ID #:

Diocesan ID #:

FAMILY REGISTRATION FORM

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Address: Add 2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Status: Active Inactive Catholic Times: Yes No

Permission to publish phone, address, email in Parish Directory Contribution Env.? ❑ Env#:

Publish Phone ❑ Publish Address ❑ Publish Email ❑

Individual Member Information

	MALE ADULT	FEMALE ADULT
Role: (Head of Household, Husband, Wife, etc.)		
First Name/Nickname:		
Maiden Name:		
DOB (mm/dd/yyyy):	/ /	/ /
Email:		
Work Phone/Cell Phone:	- -	- -
Occupation/Employer:		
Special Needs:		
Ethnic Origin:		
1st Language/2nd Language:	/	/
School:		
Education Level:		
Sacramental Info:	Baptism ❑ Catholic ❑ Other ❑ RCIA ❑ / / _____ / /	Baptism ❑ Catholic ❑ Other ❑ RCIA ❑ / / _____ / /
	Reconciliation ❑ 1st Communion ❑ Confirmation ❑ / / / / / /	Reconciliation ❑ 1st Communion ❑ Confirmation ❑ / / / / / /
Marital Status:	(Single, Married, Separated, Divorced, Widowed)	(Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? ❑ Wedding Date: Place/Church:

Celebrant Name: City/State:

Additional Family Members/Children Information

	Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received. Baptism ❑ Catholic? ❑ 1st Communion ❑ Reconciliation ❑ Confirmation ❑						
	Add Date if known. / /			/ /	/ /		/ /
2.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received. Baptism ❑ Catholic? ❑ 1st Communion ❑ Reconciliation ❑ Confirmation ❑						
	Add Date if known. / /			/ /	/ /		/ /
3.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received. Baptism ❑ Catholic? ❑ 1st Communion ❑ Reconciliation ❑ Confirmation ❑						
	Add Date if known. / /			/ /	/ /		/ /

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.