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.