

Date _

REGISTRATION FORM

Family Name_

Address ————	City/State										
Phone	Email										
	Birthdate			Write 'yes' or 'no' in proper space							
ADULTS (over 18)	mo day year			Catholic or Confirmed Other Faith	Previous Parish or Church Membership	Place and Date of Marriage			ate e	Profession or Occupation	Talents, Gifts or Services willing to volunteer*
Husband											
Wife											
							Marital Status		116		
Other Adults (last name if different)						S M W other					
CHILDREN	Birthdate		te	Baptized	First					Confirmed	
(18 and under)	mo	day	year	by Priest	Communion					committee	