

Registration is not complete until this form is returned to Parish Secretary.



Date _____

Registration form

Last name _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

Email _____

Do you want this information printed in our annual parish directory? YES NO

Are your children registered at St. Michael School? YES NO

HUSBAND / MALE

Mr. Dr. _____
First name _____ middle _____

Birth date _____ Occupation _____

Catholic [] yes [] no -- religion _____
Baptized [] yes where? _____ [] no
First communion [] yes where? _____ [] no
Confirmed [] yes where? _____ [] no

WIFE / FEMALE

Ms. Miss Mrs. Dr. _____
First name _____ middle _____

Maiden name _____

Birth date _____ Occupation _____

Catholic [] yes [] no -- religion _____
Baptized [] yes where? _____ [] no
First communion [] yes where? _____ [] no
Confirmed [] yes where? _____ [] no

single married divorced legal separation widow

Date of Marriage _____ Date of Convalidation _____

Place (church name) _____

Annulled [] yes [] no [] in process

Children: (Dependents, 18 and under)

Last name		First Name	Middle
Birth date_____	Sex_____	School_____	grade_____
Catholic	<input type="checkbox"/> yes	<input type="checkbox"/> no -- religion _____	
Baptized	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
First communion	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
Confirmed	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no

Last name		First Name	Middle
Birth date_____	Sex_____	School_____	grade_____
Catholic	<input type="checkbox"/> yes	<input type="checkbox"/> no -- religion _____	
Baptized	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
First communion	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
Confirmed	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no

Last name		First Name	Middle
Birth date_____	Sex_____	School_____	grade_____
Catholic	<input type="checkbox"/> yes	<input type="checkbox"/> no -- religion _____	
Baptized	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
First communion	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
Confirmed	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no

Last name		First Name	Middle
Birth date_____	Sex_____	School_____	grade_____
Catholic	<input type="checkbox"/> yes	<input type="checkbox"/> no -- religion _____	
Baptized	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
First communion	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no
Confirmed	<input type="checkbox"/> yes	where?_____	<input type="checkbox"/> no

FOR OFFICE USE ONLY:

Date:_____ ENV # _____ OSV Welcome card ParishSoft