REGISTRATION FORM

Please Print and Complete All Information **Date:_____**

Family Name—Last_____First_____Spouse_____

Circle Preferred Title Mr/Mrs Mr. Mrs. Miss Ms. Dr. Dr/Mrs Mr/Dr Dr/Dr Other_____

Street Address_____ City_____State_____Zip_____

Home Phone_____ Unlisted? YES NO Total Number of Members Living in Household:_____

Special Accommodations *(Disabled, Homebound, etc.)*_____

Marital Status

- **Single ( )**
- **Engaged ( )**
- **Married ( )**
- **Separated ( )**
- **Widowed ( )**
- **Divorced ( )**

Wife's Maiden Name_____

Date of Marriage_____

Place of Marriage

- **Catholic church ( )**
- **Other church ( )**
- **Civil—Court ( )**

			List only those children living at home			
	ADULT	**ADULT**	**Child**	**Child**	**Child**	**Child**
First Name						
Sex	**M F**	**M F**	**M F**	**M F**	**M F**	**M F**
Date of Birth *(MM/DD/YY)*						
Occupation						
Employer or School						
Work Phone						
Religion						
Sacraments Received *(circle YES or NO)*						
Baptism	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Communion	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Confirmation	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**
Marriage	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**	**Y N**