



Date: _____

Pre-Registration Form

Office Use Only
Parish ID: _____

Family Last Name: _____ Home Phone: _____

Address: _____ Mobile Phone: _____

City, State, Zip: _____ Home Email: _____

Your Name: _____	Birthdate: _____	Sex: M F	Maiden Name: _____
Occupation: _____	Work Phone: _____	First Language: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Date: _____) <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Remarried			

Sacraments Received: Baptism: <input type="checkbox"/> Catholic <input type="checkbox"/> Other	First Communion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other
Confirmation: <input type="checkbox"/> Catholic <input type="checkbox"/> Other	Marriage: <input type="checkbox"/> Catholic <input type="checkbox"/> Other

Spouse's Name: _____	Birthdate: _____	Sex: M F	Maiden Name: _____
Occupation: _____	Work Phone: _____	First Language: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Date: _____) <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Remarried			

Sacraments Received: Baptism: <input type="checkbox"/> Catholic <input type="checkbox"/> Other	First Communion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other
Confirmation: <input type="checkbox"/> Catholic <input type="checkbox"/> Other	Marriage: <input type="checkbox"/> Catholic <input type="checkbox"/> Other

Children in Household	Date of Birth	Gender	Baptism	Communion	Confirmation	Current School
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____
_____	_____	M F	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	<input type="checkbox"/> Cath <input type="checkbox"/> NC	_____

*NC Denotes Non-Catholic

Would you like to receive donation envelopes? Yes No

Does any member of the household have special needs? If so, please indicate in the space below:

Your Signature: _____ Date: _____

CONFIDENTIALITY: Registration and individual information is strictly for internal use only.