

FAMILY NAME: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Husband - Cell Phone: \_\_\_\_\_  
 Wife - Cell Phone: \_\_\_\_\_

<u>FOR OFFICE USE ONLY</u>	
Family ID #	_____
Registry Date	_____

MARITAL STATUS (PLEASE CIRCLE ONE):  
 Married    Single    Divorced    Separated    Widowed  
 If married, did the marriage take place in the Catholic Church?    Yes or No  
 WIFE'S MAIDEN NAME: \_\_\_\_\_

Church Attendance:    Regular    Occasional    Seldom

MEMBER INFORMATION							
	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER ADULTS IN HOUSEHOLD
FIRST NAME							
MIDDLE INITIAL							
RELIGION							
OCCUPATION							
SEX							
DATE OF BIRTH							
		SACRAMENTS RECEIVED PLEASE INDICATE Y (YES) OR N (NO) - INCLUDE DATES IF KNOWN					
BAPTISM							
EUCCHARIST							
CONFIRMATION							
MATRIMONY							
1ST PENANCE							

Please fill out **COMPLETELY**. If you need more room for additional family members, please use an additional sheet of paper.

**(CONTINUE ON REVERSE SIDE)**