Family Name (Last): _____ Phone #: _____

Street Address: _____ Date Registered: _____

City, State, Zip:_____ Unlisted Y: _____ N:_____

Marital Status: Catholic Church marriage: _____ Married _____ Single _____ Divorced____ Seperated _____ Widowed____

Non-Catholic marriage: _____ Dispensation:___ # Children at home: _____ Previous Parish _____

	Head	Spouse	Child	Child	Child	Child	Child	Child	other
Envelope #									
First Name									
Last Name (maiden)									
Religion									
Disability									
Race (needed)									
1st Language									
2nd Language									
Occupation(type)									
Employer									
Business Phone									
Education level or school grade/school									
Sex (M/F)									
Date of Birth									
Name of Church, Date sacrament received and City and State of Church for the following:									
Baptism									
1st Penance									
First Eucharist									
Confirmation									
Marriage									
Talents/Special interest									