LAST NAME	FIRST NAME_		SPOUSE	
HOME PHONE	UNLISTEDYESNO	CELL PHONE	EMAIL	
MAILING ADDRESS	TOWN_	:	ZIP	

Office Use: Date Registered

ID#

RESIDENTIAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS

	Head of Household	Spouse	Other Adult/Child	Other Adult/Child
First Name				
Last Name (Also Wife's				
Maiden Name)				
Religion of Each Member				
Attends Church - Regularly,				
Frequently, Occasionally, or				
Seldom				
Marital Status				
Married by a Priest (Y) (N)				
Place & Date of Marriage				
Occupation of Each Adult				
Employer				
Handicapped (Y) (N) Specify				
Major Ethnic Background -				
Asian/Pacific Islander, Black,				
Hispanic, Middle				
Eastern/Indian, Native				
American/Eskimo, or Other				
Present Grade in School &				
Name of School or Highest				
Grade Completed				
College/University Degree				
Specify the Degree				
Sex – Male (M) Female (F)				
Birth Date (Month/Day/Yr)				
Baptized (Y) (N) (M/D/Y)				
1 st . Eucharist (Y) (N) (M/D/Y)				
Confirmation (Y) (N) (M/D/Y)				
Prior Church Volunteer Work				
Most Recent Prior Parish				