Parish Registration Form

Circle which Parish:	St. John the	Baptist	St. Joseph	St. Bo	oniface	
Name:		<u>-</u>				
Name: (husband – full name) (w			ife – full name, including maiden name)			
Address:			· · · · · · · · · · · · · · · · · · ·			
	His Cell:		His Email:			
Phone:	Her Cell:		HerEmail:			
Circle One: Married	Single	Divorced	Separated			
Husband Date of Birth:			Wife Date of Birth:			
Received Sacraments? Yes / No			Received Sacraments? Yes / No			
Baptism/Eucharist/Confirmation			Baptism/Eucharist/Confirm	ation		
Date of Marriage:			Where:			
Catholic Church Marriago	e? Yes / No					
Children under age 21:						
ciliaren ander age 21.						
First Child Name	Date of Birth		Baptized?		Yes / No	
			First Recond First Comm		Yes / No Yes / No	
			Confirmatio		Yes / No	
Second Child Name Date of Birth			Baptized?		Yes / No	
			First Recond First Comm		Yes / No Yes / No	
			Confirmatio		Yes / No	
Third Child Name	Date of Birth		Baptized?		Yes / No	
			First Recond	ciliation?	Yes / No	
			First Comm		Yes / No	
			Confirmatio	n?	Yes / No	
Fourth Child Name	Date of Birth		Dontined		Voc / No	
FOULUI CHIII NAITIE	Date of RILLy		Baptized? First Recond	ciliation?	Yes / No Yes / No	
			First Comm		Yes / No	
			Confirmatio	on?	Yes / No	
Fifth Child Name	Date of Birth		Baptized?		Yes / No	
			First Recond		Yes / No	
			First Comm Confirmatio		Yes / No Yes / No	
			Comminatio	/II;	ICS / INU	