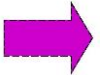


If you'd like to join Holy Apostles and you're not registered, please fill out the form and drop it in the basket or mail it back to us!

FOR OFFICE USE ONLY: DATE OF REGISTRATION		ID #	ZIP+4
	<b>HEAD OF HOUSEHOLD</b>		<b>SPOUSE</b>
<b>TITLE: (CIRCLE ONE)</b>	MR. MRS. MISS MS. DR.	MR. MRS. MISS MS. DR.	
<b>NAME:</b> 			
<b>SEX:</b>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
<b>DATE OF BIRTH:</b>	DATE:	DATE:	
<b>ADDRESS: CITY, STATE, ZIP</b>			
<b>HOME PHONE:</b>	( ) -	CHECK IF UNLISTED <input type="checkbox"/>	
<b>FAX NUMBER:</b>	( ) -	( ) -	
<b>PAGER NUMBER:</b>	( ) -	( ) -	
<b>CELL PHONE:</b>	( ) -	( ) -	
<b>EMAIL ADDRESS:</b>			
<b>MARITAL STATUS: (CIRCLE ONE)</b>	Single, Catholic wedding, Married outside the Catholic church, Widowed, Divorced, Separated		
<b>WEDDING DATE: (IF MARRIED)</b>	DATE:		
<b>OCCUPATION:</b>			
<b>EMPLOYER:</b>			
<b>WORK PHONE:</b>	( ) -	( ) -	
<b>ETHNICITY:</b>			
<b>RELIGION:</b>			
<b>LANGUAGE(S) SPOKEN:</b>			
<b>GRADE COMPLETED:</b>			
<b>BAPTISM:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	
<b>FIRST RECONCILIATION: (CONFESSION)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	
<b>FIRST COMMUNION:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	
<b>CONFIRMATION:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE (IF KNOWN)	
<b>DISABILITY:</b>			
<b>I'D LIKE TO BE INVOLVED IN THESE MINISTRIES:</b>			
<b>I'D LIKE TO FINANCIALLY HELP THE CHURCH THROUGH:</b>			
ENVELOPES <input type="checkbox"/>			
CREDIT CARD <input type="checkbox"/> AUTOMATIC DEDUCTION FROM CHECKING <input type="checkbox"/>			

Please fill out other side

	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
FIRST NAME						
LAST NAME (IF DIFFERENT FROM FAMILY NAME)						
SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH						
BAPTISM	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)
FIRST RECONCILIATION	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)
FIRST COMMUNION	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)
CONFIRMATION	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ DATE (IF KNOWN)
SCHOOL GRADE						
SCHOOL						
RELIGIOUS ED CLASS YOU'RE ATTENDING (IF APPLICABLE)						
COMMENTS: Write any information which you feel is vital to you, your family situation and any general comments.						
EMERGENCY POINT OF CONTACT	NAME: PHONE: ADDRESS:					