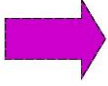


If you'd like to be part of our Church Family and you're not Registered, Please fill out the form and drop it in the basket or mail it back to us!

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