

Office Use: _____ Family Name: Last _____

Date: _____ Circle the Title : Mr./Mrs. MS Miss Other _____ P.O. Box _____ Street _____

ID# _____ City/State _____ Zip _____ Phone: () _____ Unlisted (Yes) (No) _____

Marital Status: Catholic Church Marriage Married Single Divorced Separated Widowed _____ Number of Children _____

Mass Attendance: Frequent (More than once a week) Regular (Every Sunday) Occasional (At least twice a month) Seldom (One a month or less)

Receives Communion: Frequent (More than once a week) Regular (Every Sunday) Occasional (At least twice a month) Seldom (One a month or less)

Member Information

	Head	Spouse	Child #1	Child #2	Child #3	Child #4	Other Persons
First Name							
Last Name <small>(if different)/ Maiden</small>							
Middle							
Nickname							
Religion							
*Handicap							
Languages spoken							
Occupation							
Place of Employment							
Business Phone							
Highest Grade Attained							
Sex	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Birth Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Marital Status							

*Handicaps: Homebound, Bedridden, Mentally Retarded, Blind, Deaf, or other physically challenging conditions

Sacramental Records: Please Enter Date (Month/Day/Year) in the spaces
 (Please provide a **certified** copy of Baptism Certificate for each)

	Head	Spouse	Child #1	Child #2	Child #3	Child #4	Other
Baptism	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____
First Communion	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____
Confirmation	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____
Marriage	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____	____/____/____ Church _____ City _____
Would like to Volunteer/ Join Ministry							

If you have more than four children, please attach a sheet of paper with the other children's information.