



REGISTRATION

PLEASE PRINT

PLEASE PRINT

FAMILY NAME _____ Date _____
 ADDRESS _____ Home Phone _____
 City/State/Zip _____ Email _____

HUSBAND	
Name _____	
Birthdate _____ <small>Month/Day/Yr.</small>	
Religion _____	
Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	
Business Phone _____	
Cell Phone _____	

(OVER)

WIFE	
Name _____	
Birthdate _____ <small>Month/Day/Yr.</small>	
Religion _____	
Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	
Business Phone _____	
Cell Phone _____	

(OVER)

SINGLE	
Name _____ <small>(Indicate Mr., Miss or Ms.)</small>	
Birthdate _____ <small>Month/Day/Yr.</small>	
Religion _____	
Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	
Business Phone _____	
Cell Phone _____	

(OVER)

PLEASE FILL IN ALL INFORMATION WHERE APPLICABLE

CHILDREN AT HOME

Name	Birthdate <small>Month/Day/Yr.</small>	Baptized	First Comm.	Confirmed	School	Grade
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

/We would prefer to receive my/our offering envelopes One envelope for each month (sent every two months)
 An envelope for each Sunday (sent every two months)

/We have the following needs or special circumstances:

OFFICE USE
