

LAST NAME: _____ FIRST NAME(S): _____
ADDRESS: _____ CITY: _____ ZIP: _____ ENV. # _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____
FAMILY EMAIL: _____ EMERGENCY CONTACT: _____ PHONE: _____

PARISH STATUS: Active _____ Inactive _____
Contributor Only _____

INDIVIDUAL MEMBER INFORMATION

FIRST LANGUAGE _____ WIFE'S MAIDEN NAME: _____

ROLE: (Head of House Hold/Husband/Wife)

FULL NAME:

NICKNAME:

DATE OF BIRTH:

PLACE OF BIRTH:

MOTHER'S FULL NAME:

FATHER'S FULL NAME:

PERSONAL EMAIL:

OCCUPATION/EMPLOYER:

SACRAMENTAL INFORMATION:

MARITAL STATUS

Single : ☐
Married: ☐ ____/____/____
Valid Catholic Marriage?: ☐
Separated: ☐ Divorced: ☐
Widowed: ☐ Living Together: ☐

Baptized ☐ ____/____/____

Parish of Baptism _____

Reconcil? ☐ ____/____/____

First Eucharist ☐ ____/____/____

Confirmed? ☐ ____/____/____

Baptized ☐ ____/____/____

Parish of Baptism _____

Reconcil? ☐ ____/____/____

First Eucharist ☐ ____/____/____

Confirmed? ☐ ____/____/____

Church & City of Marriage: _____

Date Joined _____

DEPENDENT CHILDREN INFORMATION

Relationship to Head of Household (Son, Daughter, Mother, Father, etc.)	FULL NAME _____ GENDER: M ___ F ___ DOB _____ PLACE OF BIRTH _____ SCHOOL: _____ H.S. GRAD YR: _____ Baptized ___/___/___ Parish of Baptism _____ Reconcil? ___/___/___ First Eucharist ___/___/___ Confirmed? ___/___/___ NOTES:	Relationship to Head of Household (Son, Daughter, Mother, Father, etc.)	FULL NAME _____ GENDER: M ___ F ___ DOB _____ PLACE OF BIRTH _____ SCHOOL: _____ H.S. GRAD YR: _____ Baptized ___/___/___ Parish of Baptism _____ Reconcil? ___/___/___ First Eucharist ___/___/___ Confirmed? ___/___/___ NOTES:
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

RELATIONSHIP TO HEAD OF HOUSEHOLD	DEPENDENT CHILDREN INFORMATION
(Son, Daughter, Mother, Father, etc.)	FULL NAME _____ Gender: M __ F __
	PLACE OF BIRTH _____ DOB _____
	SCHOOL: _____ H.S. GRAD YR: _____
	NOTES: <div> Baptized <input type="checkbox"/> ____/____/____ Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> ____/____/____ First Eucharist <input type="checkbox"/> ____/____/____ Confirmed? <input type="checkbox"/> ____/____/____ </div>
(Son, Daughter, Mother, Father, etc.)	FULL NAME _____ Gender: M __ F __
	PLACE OF BIRTH _____ DOB _____
	SCHOOL: _____ H.S. GRAD YR: _____
	NOTES: <div> Baptized <input type="checkbox"/> ____/____/____ Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> ____/____/____ First Eucharist <input type="checkbox"/> ____/____/____ Confirmed? <input type="checkbox"/> ____/____/____ </div>
(Son, Daughter, Mother, Father, etc.)	FULL NAME _____ Gender: M __ F __
	PLACE OF BIRTH _____ DOB _____
	SCHOOL: _____ H.S. GRAD YR: _____
	NOTES: <div> Baptized <input type="checkbox"/> ____/____/____ Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> ____/____/____ First Eucharist <input type="checkbox"/> ____/____/____ Confirmed? <input type="checkbox"/> ____/____/____ </div>

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