

ST. MICHAEL'S PARISH REGISTRATION FORM

APPLICANT INFORMATION

Family Last Name:		Date of Registration: ___/___/___
Previous Parish:		Phone: ()
Current Mailing Address:		
City:	State:	ZIP Code:

MEMBER 1 / HEAD OF HOUSEHOLD

Salutation <i>(Circle One)</i> : Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr. & Mrs. / Mr. & Dr. / Drs. / Other: _____		
Marital Status <i>(Circle One)</i> : Single Married Separated Divorced Widowed		Marriage Date: ___/___/___
First Name:	Last Name:	Birthday: ___/___/___
Occupation:	Email:	Catholic: Yes No <i>(Please circle)</i>
Completed Sacraments <i>(Circle ALL that apply)</i> : -Confirmation -First Communion -Baptism		

MEMBER 2

First Name:	Last Name:	Maiden Name: _____
Phone:		Birthday: ___/___/___
Occupation:	Email:	Catholic: Yes No <i>(Please circle)</i>
Completed Sacraments <i>(Circle ALL that apply)</i> : -Confirmation -First Communion -Baptism		

CHILDREN

	First Name	Last Name	Birthday:	Completed Sacraments <i>(Circle ALL that apply)</i>
1			___/___/___	-Confirmation -First Communion -Baptism
2			___/___/___	-Confirmation -First Communion -Baptism
3			___/___/___	-Confirmation -First Communion -Baptism
4			___/___/___	-Confirmation -First Communion -Baptism
5			___/___/___	-Confirmation -First Communion -Baptism
6			___/___/___	-Confirmation -First Communion -Baptism
7			___/___/___	-Confirmation -First Communion -Baptism

PARISH OFFICE USE ONLY

Entered in Database: _____	Welcome Letter Mailed: _____
Add on Envelope List: _____ Add on Mirror List: _____	Card Completed: _____