

# St. Michael's Parish Registration Form

Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Family Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Children at Home \_\_\_\_\_

Title (Circle one)    Mr/Mrs    Dr/Mrs    Mr/Dr    Miss    Mrs    Ms    Mr    Dr    Other \_\_\_\_\_

	Head of Household	Spouse	Other/Child	Child	Child	Child
First Name						
Maiden Name						
Marital Status**						
Handicap						
Religion						
Foreign Language						
Occupation						
School/City						
Grade Level						
Sex						
Date of Birth						
Baptism Date (M/D/Y)*	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )
1st Communion Date (M/D/Y)*	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )
Confirmation Date (M/D/Y)*	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )	Y N ( )
Date of Marriage						
Penance						
Prior Ministries						
Prior Ministries						
Ministries of Interest						

\*If known, otherwise leave blank

\*\*Marital Status: CM-Church Marriage    M-Married    S-Single    W-Widowed    Sep-Separated    D-Divorced