

(Information is confidential and may be used only for official purposes by parish personnel.)

Family Last Name _____ Today's Date _____ Year long parishioner _____ Summer parishioner _____

Winter address: _____

Number Street City State Zip Code Home Phone

Summer address: _____

Number Street City State Zip Code Home Phone

Cell Phone _____ Emergency Contact _____

Fax Number _____ Email Address _____ Name Address Phone Relation

Adults 21 and over and all married persons:

1. Head of Household _____

First Name Middle Name Maiden Name (if applicable) Date of Birth Occupation Work Phone

2. Spouse _____

First Name Middle Name Maiden Name (if applicable) Date of Birth Occupation Work Phone

3. Other Adult _____

First Name Middle Name Maiden Name (if applicable) Date of Birth Occupation Work Phone

Circle Catholic Sacraments Received (Baptism, Reconciliation, Eucharist, Confirmation) for each of the above persons:

1. B R E C 2. B R E C 3. B R E C

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widow(er) _____ Married by: Priest _____ Minister _____ Other _____

If married, anniversary date: _____

Children and unmarried persons under 21:

First Name Middle Name Last Name (if different) Male/Female Date of Birth Catholic Baptism Reconciliation Eucharist Confirmation Sacraments Received:

Special Needs: _____

Name Special Need (physical disability, hearing impaired, sight impaired, wheelchair, etc.)