

**ST. ROBERT PARISH
REGISTRATION FORM**

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| OFFICE USE ONLY: |
| FOCUS# _____ |
| ENV# _____ |
| MAST ID# _____ |

(Please print)

LAST NAME: _____ (MAIDEN NAME): _____

TITLE: Mr. Mrs. Dr. Ms. Mr. & Mrs. Dr. & Mrs. Mr. & Dr. _____

ADDRESS: _____

CITY/ZIP: _____

HOME PHONE: _____ EMAIL: _____

ADULTS:

| Common First Name | Legal First Name | Middle Name | Birth date | Sex | Marital Status | Religion | Sacraments | | | Occupation | Work Place & Work/Cell Phone |
|-------------------|------------------|-------------|------------|-----|----------------|----------|------------|-----|-------|------------|------------------------------|
| | | | | | | | Bapt. | Com | Conf. | | |
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CHILDREN AT HOME:

| Common First Name | Legal First Name | Middle Name | Birth date | Sex | Religion | Sacraments | | | School Name | Grade | Misc. |
|-------------------|------------------|-------------|------------|-----|----------|------------|-----|-------|-------------|-------|-------|
| | | | | | | Bapt. | Com | Conf. | | | |
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Indicate any Special interest/skills you may have:
