

Office Use Only
Env. #

ST. FRANCIS OF ASSISI REGISTRATION FORM

Please send me offertory envelopes: Yes No

PLEASE FILL IN ALL BLANKS AND PRINT (ITEMS WITH ASTERISK (*) ARE MANDATORY)

*Family Last Name: _____ *Title: Mr./Mrs. Mr. Mrs. Ms. Dr./Mrs. Dr. Date _____

*Street Address: _____ *Apt.# _____ *City: _____ *State/Zip _____

*Home Phone: (____) _____ Family E-Mail: _____

Marital Status: Married Single Divorced Separated Widow/er **Marriage Date:** ____/____/____

Married by a Catholic Priest / Deacon? Yes No

Family Member Info *(First, Middle and Last Name)	Cell Phone	Religion	*Sex	*Birthdate ____/____/____	Language(s) Spoken	Sacraments Received	
						Baptism	1st Comm. Confirmation
<i>Husband or Head of Household</i>			M F	____/____/____		Yes No	Yes No
<i>Spouse or Significant Other</i>			M F	____/____/____		Yes No	Yes No
<i>Children under 18yrs living with you</i>			M F	____/____/____		Yes No	Yes No
			M F	____/____/____		Yes No	Yes No
			M F	____/____/____		Yes No	Yes No
			M F	____/____/____		Yes No	Yes No
<i>Other Adults Living in Home</i> <i>(Relationship)</i>			M F	____/____/____		Yes No	Yes No
			M F	____/____/____		Yes No	Yes No