

Parish ID#

FAMILY LAST NAME	STREET ADDRESS	APT. #	CITY	ZIP CODE	TELEPHONE NUMBERS						
<input type="checkbox"/> M/M <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Mailing Address (if different from above)			Home: _____ Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Language spoken at home (if not English) <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Unable to Attend		Attend Mass:		Husband's Cell: _____ Husband's Work: _____ Wife's Cell: _____ Wife's Work: _____							
First Name (and last if different from Family Name)	Marital Status See Below*	Handicap (if any) See Below**	Religion See Below***	Occupation	Gender (M/F)	Birthdate Mo/Day/ Year	Baptized (Y/N) If not Catholic, state religion	First Reconciliation (Confession) (Y/N)	First Communion (Y/N)	Confirmation (Y/N)	Education (Degree/highest grade attended.) Attending what school and grade?
Head of Family											
Spouse (include maiden name if married)											
Children (living at home)											
Other members of Household											

*Marital Status
CH = Valid Catholic Church Marriage
M = Married/Not in Catholic Church
S = Never Married
W = Widow(er)
SP = Separated
D = Divorced

**Handicap
B = Blind
D = Deaf
P = Other Physical Handicap
M = Psychological Handicap
E = Educationally Handicapped
C = Confined to home/bed

***Religion
C = Catholic
P = Protestant
J = Jewish
M = Moslem
O = Other (please specify)
N = None

Office Use Only		
ID# _____	Date Registered: _____	Date Deleted: _____
Comments _____		