

# ST. MICHAEL CATHOLIC CHURCH PARISH REGISTRATION/CENSUS

New registration /date: \_\_\_\_\_ change of address / phone \_\_\_\_\_ change of marital status  adding family member

**Envelope No.:** \_\_\_\_\_ ordered (date): \_\_\_\_\_ Transferring from: \_\_\_\_\_

Family name (last name):	Head of household (first, middle)	Spouse/Other Adult (first, middle)	
Please circle: Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Other:			
Street address P.O. Box		City	State Zip Code
telephone: home (landlines)		cell phones	email
<b>Marriage information:</b> <input type="checkbox"/> Catholic ceremony <input type="checkbox"/> other religious ceremony <input type="checkbox"/> Civil ceremony <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed			
Date of Marriage: _____ Place: _____ Wife's Maiden name: _____			

<b>Family member information: Please list only those children who are under 18 and are living at home; other adults must register separately</b>							
	Head	Spouse	child	child	child	child	child
First name:							
Middle name:							
Last name:							
Religion (if not Catholic)							
Gender							
Occupation							
Child's grade in school							
Birthdate	month / day / yr.	month / day / yr	month / day / yr	month / day / yr	month / day / yr	month / day / yr	month / day / yr
Place of birth							

<b>Sacraments received</b>								
Baptism	yes	no	yes	no	yes	no	yes	no
1st Communion	yes	no	yes	no	yes	no	yes	no
Confirmation	yes	no	yes	no	yes	no	yes	no
location (if "yes")								