

ST. JEANNE JUGAN PARISH FAMILY REGISTRATION FORM



Parish ID #		Church		Reg. Date	
PS Family ID#		Diocesan ID#		Envelope #	

Household Information

Last Name: _____ Formal Mailing Name (i.e. Mr. & Mrs.) _____

Phone Number: _____ Email Address: _____

Online giving Envelopes: Y N Do not send mail from Parish: Address is unlisted:

Physical Address: _____

Mailing Address: _____

Individual Member Information

	Adult Male	Adult Female
Role: (Head of Household, Husband, Wife, etc.)		
First Name/Nickname:		
DOB (mm/dd/yyyy):		
Special Needs:		
1 st Language/2 nd Language:		
Ethnic Origin:		
School:		
Education Level:		
Occupation:		
Employer:		
Work Phone:		
Cell Phone:		
Email:		
Sacramental Info:	Catholic <input type="checkbox"/> OCIA <input type="checkbox"/> / / If Other Religion _____ Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> / / / / / /	Catholic <input type="checkbox"/> OCIA <input type="checkbox"/> / / If Other Religion _____ Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> / / / / / /
Place of Sacrament	_____	_____
Marital Status (Circle One):	Single, Married, Separated, Divorced, Widowed	Single, Married, Separated, Divorced, Widowed
Married by Priest/Deacon? <input type="checkbox"/>	Wedding Date: / /	Maiden Name: _____
Celebrant Name: _____	Place/Church: _____	City/State: _____

SEE REVERSE SIDE FOR ADDITIONAL FAMILY MEMBERS AND CHILDREN

