TODAY'S DATE: _____

Year first registered here: _____

ST. MICHAEL'S

PARISH REGISTRATION FORM

PAR # | | | | | |
ENV # | | | | | |

FOR OFFICE USE ONLY

PLEASE PRINT ALL INFORMATION

FAMILY NAME	HOUSE NO.	STREET NAME	APT. NO. OR PO BOX
CITY OR POST OFFICE	ZIP CODE MAILING ROUTE		E-MAIL ADDRESS:
MARRIAGE BLESSED BY THE ROMAN CATHOLIC CHURCH? YES 1 NO 2	IS PHONE UNLISTED? YES 1 NO 2	PHONE NO.	MAIDEN NAME
TO WHOM SHOULD WE ADDRESS MAIL: (e.g., "Ms. Jill Smith", "Dr. & Mrs. John Jones")			
OCCUPATION ADULT #1		OCCUPATION ADULT #2 (SPOUSE)	

	List first names of all in your family unit (and last names, if different from the one given above) FIRST NAME MIDDLE INIT.	Name preferred to be called (e.g., "Ed", "Liz")	5 Sex Male 1 Female 2	6 Date of Birth Mo	Day	Yr	7 Marital Status Single 1 Married 2 Widow-er 3 Separated 4 Divorced 5	8 Baptized Roman Catholic 1 Other Christian 2 Not 3	9 Received First Com-munion Yes 1 No 2	10 Received First Penance Yes 1 No 2	11 Confirmed Yes 1 No 2	12 Attend Mass Weekly 1 Sometimes 2 Seldom 3 Never 4	15 Special Needs Visually impaired 1 Hearing impaired 2 Disabled 3 Homebound 4 Wheel chair 5 Speech impaired 6 Other - please specify 7	16 Work Status Full time 1 Part time 2 Student 3 Retired 4 Unemployed 5 Service 6 Homemaker 7	18-22 Needs, Skills, Interests Please use code numbers from the back of this sheet
1	ADULT														
2	ADULT (Spouse)														
3	CHILDREN LIVING AT HOME														
4															
5															
6															
7															
8															
9	OTHER ADULTS IN HOUSEHOLD														
10															