

# Parish Registration Form



Family Name:		Registration Date: <i>yyyy/mm/dd</i>	
Mailing Name:		Donation Envelope: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address:		Home Phone	
City / Province		Postal Code:	

For each family member, list the details on each person, start with the envelope holder, include all children and / or relatives living in the same household.

Name	Family Member	Family Member	Family Member	Family Member	Family Member
last					
maiden					
first					
middle					
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth <i>yyyy/mm/dd</i>					
Marital Status					
Family Role					
Baptized Catholic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other					
Occupation					
Cell Phone					
School / Grade					
Email address					

Administrative communication will be through email