

ST FRANCIS XAVIER PARISH REGISTRATION



DATE _____ ENVELOPE NUMBER _____

Family Last Name _____

Address _____

City _____ Zip Code _____

Home Telephone Number _____ Unlisted Yes No

Fax Number _____

Marital Status Married Single Divorced Separated Widow

Date of Marriage (if applicable) _____

HEAD OF HOUSEHOLD (full name) _____

Birth Date _____ Occupation _____

Employer _____

Business Telephone Number _____ Highest Level of Education _____

Ministry Interest _____ Religion _____

SPOUSE (include maiden name) _____

Birth Date _____ Occupation _____

Employer _____

Business Telephone Number _____ Highest Level of Education _____

Ministry Interest _____ Religion _____

CHILDREN LIVING AT HOME

First Name _____ Religion _____
Sex Male Female Date of Birth ___/___/___ Disabled Yes No Baptism ___/___/___
Penance Yes No First Eucharist Yes No Confirmation Yes No
School/Occupation _____ Grade _____

First Name _____ Religion _____
Sex Male Female Date of Birth ___/___/___ Disabled Yes No Baptism ___/___/___
Penance Yes No First Eucharist Yes No Confirmation Yes No
School/Occupation _____ Grade _____

First Name _____ Religion _____
Sex Male Female Date of Birth ___/___/___ Disabled Yes No Baptism ___/___/___
Penance Yes No First Eucharist Yes No Confirmation Yes No
School/Occupation _____ Grade _____

First Name _____ Religion _____
Sex Male Female Date of Birth ___/___/___ Disabled Yes No Baptism ___/___/___
Penance Yes No First Eucharist Yes No Confirmation Yes No
School/Occupation _____ Grade _____

OTHERS LIVING IN HOUSEHOLD

First Name _____ Religion _____
Sex Male Female Date of Birth ___/___/___ Disabled Yes No Baptism ___/___/___
Penance Yes No First Eucharist Yes No Confirmation Yes No
Relationship _____ Occupation _____
Business Telephone Number _____
Ministry Interests _____