

FAMILY LAST NAME _____ FIRST _____ SPOUSE _____

TITLE: (Mr,Mrs,Dr,Ms,Miss etc...) _____ P.O. BOX _____ DEVELOPMENT _____

STREET ADDRESS: _____ CITY/STATE: _____ ZIP _____

MARITAL STATUS: SACRAMENTAL MAR. MAR. SING. DIV. SEP. WID. PHONE _____ UNLISTED YES OR NO

MARRIAGE: CATHOLIC/CATHOLIC APPROVED OR OTHER PLACE OF MARRIAGE: _____

FAMILY WORSHIP: REGULAR OCCASIONAL SELDOM ENVELOPES YES NO DATE REGISTERED _____

WILL YOU HAVE A NEED FOR BAPTISM, MARRIAGE, OR ELIGIBILITY FORM SOON YES NO

MEMBER INFORMATION

	HEAD 1	HEAD 2	CHILD	CHILD	CHILD
FIRST NAME					
LAST NAME (IF DIFFERENT)		(MAIDEN)			
MARITAL STATUS	NA	NA			
RELIGION					
OCCUPATION BUSINESS PHONE #					
GRADE/SCHOOL	NA	NA			
SEX	M F	M F	M F	M F	M F
BIRTH DATE					
BAPTISM DATE PARISH	YES NO	YES NO	YES NO	YES NO	YES NO
1ST COMMUNION DATE PARISH	YES NO	YES NO	YES NO	YES NO	YES NO
CONFIRMATION DATE PARISH	YES NO	YES NO	YES NO	YES NO	YES NO
MARRIAGE DATE PARISH					

OFFICE USE: ENV # _____ AREA # _____ COMPUTER _____ KIT _____ LIST _____ ROLODEX _____