

Please Print Clearly

Family Name & Title(s) (Mr, Mrs, Ms, Dr, etc, prefer none): _____

Address: _____

City: _____ **Zip:** _____ **Home Phone:** _____

Marital Status: Married & date: _____, Divorced, Separated, Single, Widowed

Please fill in each column with information from each member of your family (cont. on p.2)

	SELF	SPOUSE	CHILD #1
First Name			
Preferred Nickname			
Middle Name			
Last Name			
Maiden Name - if different			
Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	<input type="checkbox"/> Caucasian <input type="checkbox"/> African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	
Birthdate	<input type="checkbox"/>	<input type="checkbox"/>	
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian - non catholic <input type="checkbox"/> Non-Christian _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian - non catholic <input type="checkbox"/> Non-Christian _____ <input type="checkbox"/> Other _____	
Language(s) Spoken (check all that apply)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese _____ Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese _____ Other _____	
Occupation			
Cell Phone			
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	
Homebound	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmation	<input type="checkbox"/> Yes No	<input type="checkbox"/> Yes No	
Email Address			
Parish and/or volunteer interests			

Family Name : _____

Please fill in each column with information from each member of your family

	Child #2	Child #3	CHILD #4
First Name			
Preferred Nickname			
Middle Name			
Last Name			
Maiden Name - if different			
Ethnicity	Caucasian African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> _____	Caucasian African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> _____	
Birthdate			
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian - non catholic <input type="checkbox"/> Non-Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian - non catholic <input type="checkbox"/> Non-Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	
Language(s) Spoken (check all that apply)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> _____	
Occupation			
Cell Phone			
Work Phone			
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	
Homebound	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address			
Parish and/or volunteer interests			