

FAMILY REGISTRATION FORM

Our Lady of the Sacred Heart Church

	Family ID#: _____	Today's Date: _____
FAMILY INFORMATION:	Father (husband, or single adult)	
	Mother (wife, or single adult)	
	Last Name: _____	Maiden Name: _____
	First Name: _____	First Name: _____
	Registered in Parish (year): <input type="radio"/> YES <input type="radio"/> NO	Family status: <input type="checkbox"/> Married <input type="checkbox"/> Single
	Street Address: _____	
	City: _____ State/Zip: _____	
	Phone Number: _____	<input type="checkbox"/> Home
	_____	<input type="checkbox"/> Work
	_____	<input type="checkbox"/> Cell
	Email: _____	
	Birthdate: _____	Birthdate: _____
	Birthplace: _____	Birthplace: _____
	Religion: _____	Religion: _____
	Baptism: <input type="checkbox"/> YES <input type="checkbox"/> NO	Baptism: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	1st Communion: <input type="checkbox"/> YES <input type="checkbox"/> NO	1st Communion: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Confirmation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Confirmation: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Marriage date: _____	
Marriage place: _____		
Occupation: _____	Occupation: _____	
Talent/Ministry: _____	Talent/Ministry: _____	
Medical condition: _____	Medical condition: _____	
I support the Church using the envelopes: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Remarks: _____		
Personal Information:		
CHILDREN :	Name: _____	Birthdate: _____
	Name: _____	Birthdate: _____
	Name: _____	Birthdate: _____
	Name: _____	Birthdate: _____
	Name: _____	Birthdate: _____
Date of this registration: _____		