

Last Name: _____ First Name: _____ Spouse: _____
 Address _____ Title: (Mr, Mrs., Ms. or _____) (Mr., Mrs., Ms. or _____)
 City/State _____ Zip _____ Phone: _____ Email 1: _____
Would you like to receive offertory envelopes? yes no Email 2: _____

Marital Status (check one): single separated widowed Married in the Catholic Church ? yes no
 Date Married: _____ married divorced annulled Wife's Maiden Name: _____

Church Attendance (check one) If a member of your family is not Catholic would you be interested in being
 regular occasional contacted to learn more about the Rite of Christian Initiation of Adults or
 seldom Christmas & Easter Children? yes no

Member Information (Do both adult members wish to register?) yes no

Information:	Head	Spouse	Child	Child	Child	Child	Child	Child
First Name (& Last if different)								
Religion								
Occupation								
Employer/School								
Bus. Phone								
Special Needs								
Education Level								
Other languages spoken								
Birthdate								
Gender	M F	M F	M F	M F	M F	M F	M F	M F
Baptism	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
First Reconciliation	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
First Communion	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
Confirmation	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no

Please indicate talents you would like to share

EMHC Reader Cantor Musician R.C.I.A. Rel. Ed. K-12 Adult Ed. Stephen Ministry
 Other, please indicate _____ Hispanic Ministry Funeral Min. Marriage Prep.

Date Entered

Office Use: ID Number