

ST. FRANCIS OF ASSISI PARISH & ST. PHILIP BENIZI MISSION
REGISTRATION FORM

Family Information

Date of Original Registration _____

Last Name _____

Envelope Number _____

Family Email _____

Home Phone _____

Cell Phone _____

Emergency Phone _____

Address Information

Primary Residence _____
Street City State Zip

Seasonal Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

Would you like to:

Publish Phone Publish Address Publish Email Receive Visits

Would you like to receive Contributions Envelopes: Yes No

Member Information

First Name _____ Middle _____ Nick Name _____

Please check one: Husband Wife Son Daughter Head (if single)

Gender: Male Female

Date of Birth _____ Maiden Name _____

Email _____ Place of Birth _____

Work Phone _____ Ethnicity _____

Cell Phone _____ First Language _____

High School Grad Year _____ Special Needs _____

Sacrament Information

Catholic Baptism _____/_____/_____

Other Faith _____ Location _____

Reconciliation Prep _____/_____/_____ First Eucharist _____/_____/_____

Location _____ Location _____

Confirmation _____/_____/_____ Marriage _____/_____/_____

Location _____ Location _____

Catholic Marriage ___Yes ___No

PLEASE COMPLETE FOR EACH FAMILY MEMBER - MORE SPACE PROVIDED ON REVERSE SIDE

Member Information

First Name _____ Middle _____ Nick Name _____

Please check one: Husband Wife Son Daughter Head (if single)

Gender: Male Female

Date of Birth _____

Maiden Name _____

Email _____

Place of Birth _____

Work Phone _____

Ethnicity _____

Cell Phone _____

First Language _____

High School Grad Year _____

Special Needs _____

Sacrament Information

Catholic

Baptism _____/_____/_____

Other Faith _____

Location _____

Reconciliation Prep _____/_____/_____

First Eucharist _____/_____/_____

Location _____

Location _____

Confirmation _____/_____/_____

Catholic Marriage _____/_____/_____

Location _____

Location _____

Member Information

First Name _____ Middle _____ Nick Name _____

Please check one: Husband Wife Son Daughter Head (if single)

Gender: Male Female

Date of Birth _____

Maiden Name _____

Email _____

Place of Birth _____

Work Phone _____

Ethnicity _____

Cell Phone _____

First Language _____

High School Grad Year _____

Special Needs _____

Sacrament Information

Catholic

Baptism _____/_____/_____

Other Faith _____

Location _____

Reconciliation Prep _____/_____/_____

First Eucharist _____/_____/_____

Location _____

Location _____

Confirmation _____/_____/_____

Catholic Marriage _____/_____/_____

Location _____

Location _____