

# St. Clare Parish Family Registration

Registration Date: \_\_\_/\_\_\_/\_\_\_

Envelope Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Names (s): \_\_\_\_\_

Mailing Name (ie: Mr &amp; Mrs John Doe) \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Area Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Family Email: \_\_\_\_\_

## Individual Member Information

Role: (Head of House,  
Husband, Wife, etc.) \_\_\_\_\_

First Name/Nickname \_\_\_\_\_ / \_\_\_\_\_

Gender: Male / Female (Maiden Name) \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

First Language: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ / \_\_\_\_\_

Religion: \_\_\_\_\_

**Sacramental Info:** Baptized?  Catholic? 

Dates (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_

Reconciliation?  1st Eucharist?  Confirmed? 

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

**Marital Status:** (Single, Married, Separated,  
Divorced, Annulled) \_\_\_\_\_Role: (Head of House,  
Husband, Wife, etc.) \_\_\_\_\_

First Name/Nickname \_\_\_\_\_ / \_\_\_\_\_

Gender: Male / Female (Maiden Name) \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

First Language: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ / \_\_\_\_\_

Religion: \_\_\_\_\_

**Sacramental Info:** Baptized?  Catholic? 

Dates (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_

Reconciliation?  1st Eucharist?  Confirmed? 

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Date of Marriage: \_\_\_\_\_ Valid Catholic Marriage? Are there any members of your household who would like to be visited by a Priest? Yes  No 

## Dependent Children Information

**Relationship to  
Head of Household**(Son, Daughter,  
Mother, Father, etc)/ **First**/ **Last Name****Gender****Birthday/  
Birthplace****H.S.  
Grad Yr****School/  
First Language**

1. \_\_\_/\_\_\_/\_\_\_ M / F \_\_\_\_\_

Check if Sacrament Received. Baptism  Catholic?  Reconciliation  Eucharist  Confirmation   
Add Date, if known. \_\_\_\_\_

2. \_\_\_/\_\_\_/\_\_\_ M / F \_\_\_\_\_

Check if Sacrament Received. Baptism  Catholic?  Reconciliation  Eucharist  Confirmation   
Add Date, if known. \_\_\_\_\_

3. \_\_\_/\_\_\_/\_\_\_ M / F \_\_\_\_\_

Check if Sacrament Received. Baptism  Catholic?  Reconciliation  Eucharist  Confirmation   
Add Date, if known. \_\_\_\_\_

### Dependent Children Information (Continued)

Relationship to Head of Household <small>(Son, Daughter, Mother, Father, etc)</small>	<u>First</u> /	<u>Last Name</u>	<u>Gender</u>	<u>Birthday/ Birthplace</u>	<u>H.S. Grad Yr</u>	<u>School First Language</u>
4.	_____ /	_____ /	M / F	_____	_____	_____
Check if Sacrament Received. Baptism <input type="checkbox"/> <i>Catholic?</i> <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date, if known. _____						
5.	_____ /	_____ /	M / F	_____	_____	_____
Check if Sacrament Received. Baptism <input type="checkbox"/> <i>Catholic?</i> <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date, if known. _____						
6.	_____ /	_____ /	M / F	_____	_____	_____
Check if Sacrament Received. Baptism <input type="checkbox"/> <i>Catholic?</i> <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date, if known. _____						