

Last Name \_\_\_\_\_ Today's Date \_\_\_\_\_

First Name(s) \_\_\_\_\_ e-mail address \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Marital Status Single  Married  (Date) \_\_\_\_\_ Partnership  Separated  Divorced  Widowed

May we have your permission to publish your phone number in the Parish Directory? Yes  No

Name and Location of Former Parish (if applicable) \_\_\_\_\_

Name First, M.I., Last (If Different)	Religion	D.O.B.	Baptism	First Eucharist	Confirmed	Received	Deceased
<b>Name</b> _____ First, Middle Last Name (Maiden Name), Nickname <hr/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Work or Cell Phone: _____		//	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			//	//	//	//	//
<b>Name</b> _____ First, Middle Last Name (Maiden Name), Nickname <hr/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Work or Cell Phone: _____		//	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			//	//	//	//	//
<b>Name</b> _____ First, Middle Last Name (Maiden Name), Nickname <hr/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Work or Cell Phone: _____		//	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			//	//	//	//	//
<b>Name</b> _____ First, Middle Last Name (Maiden Name), Nickname <hr/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Work or Cell Phone: _____		//	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			//	//	//	//	//
<b>Name</b> _____ First, Middle Last Name (Maiden Name), Nickname <hr/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Work or Cell Phone: _____		//	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			//	//	//	//	//