

F# _____	ADDRESS	TELEPHONE NO.	DATE PREPARED
# _____	CITY/STATE	ZIP	E-MAIL

FAMILY NAME	Date of Birth (M/D/Y)	Sex (M/F)	Race	Status	Religion	Baptism (Y/N)	Eucharist (Y/N)	Penance (Y/N)	Confirmation (Y/N)	Occupation/ Work Telephone No.
HUSBAND'S NAME										
WIFE'S FULL MAIDEN NAME										

PREVIOUS PARISH _____

List any other adults 18 years and over living at above address. Indicate their relationship to the head of the household.

List all children living at above address NAME	Date of Birth (M/D/Y)	Sex (M/F)	Race (See Above)	Religion	Baptism (Y/N)	Eucharist (Y/N)	Penance (Y/N)	Confirmation (Y/N)	School & Grade Attending	Registered in Faith Form.?

If you are interested in joining any of our organizations, please circle the area of interest and someone will contact you.

Altar Server	Lector	Youth Ministry (Grades 6-12)	Choir Member
Faith Formation Teacher or Aid	Bible Study	Usher	Knights of Columbus
R.C.I.A. Team	Eucharistic Minister	Ladies of St. Ignatius	Holy Name Society
Other _____			

Would you like to receive *The Catholic Review*? _____ Yes _____ No

Thank you.

In the event we may need to call upon you in the future, please list your skills and special interests (e.g., plumbing, gardening, office work, baking, electrical work, art, etc.)
