

P A R I S H E N R O L L M E N T F O R M

ID /FAMILY # _____
 Area _____
 House _____

HOUSEHOLD INFORMATION	
Date _____	
Family Name _____	
Title (circle one) Mr/Mrs Mr Mrs Ms Miss Dr/Mrs Dr Other Specify _____	
Suffix (circle if used) Jr Sr II III IV Other _____	
Street Address _____	
City, State _____ Zip _____	
Home Phone (_____) _____ Unlisted (circle) No Yes	
Previous Parish _____ City, State _____	
If you have a 'second home' where you reside for a portion of the year and you want mail forwarded please provide:	
Secondary Address _____	
City, State _____ Zip _____	
Dates at Second Residence from _____ to _____	

COMPLETE ONE OF THE FOLLOWING BOXES FOR EACH FAMILY MEMBER

Head of Household																															
Proper Name _____																															
Informal Name _____ Maiden Name _____																															
Birth Date ____ / ____ / ____ Gender (circle one) Male Female																															
Marital Status (circle one) Single Married Widowed Separated Divorced																															
Religion _____ Languages Spoken _____																															
Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes																															
Occupation _____ Employer _____ Work Phone _____																															
E-mail Address _____ Cell Phone _____																															
Sacramental Information:																															
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Baptism</th> <th style="width: 15%;">1st Communion</th> <th style="width: 15%;">1st Reconciliation</th> <th style="width: 15%;">Confirmation</th> <th style="width: 15%;">Marriage</th> </tr> </thead> <tbody> <tr> <td>Yes or No</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>____ / ____ / ____</td> <td>____ / ____ / ____</td> <td>____ / ____ / ____</td> <td>____ / ____ / ____</td> <td>____ / ____ / ____</td> </tr> <tr> <td>Church Name</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage	Yes or No	_____	_____	_____	_____	_____	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	Church Name	_____	_____	_____	_____	_____	Address	_____	_____	_____	_____	_____
	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage																										
Yes or No	_____	_____	_____	_____	_____																										
Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____																										
Church Name	_____	_____	_____	_____	_____																										
Address	_____	_____	_____	_____	_____																										

2nd Adult - Relationship to the Head of the Household _____

Proper Name _____

Informal Name _____ Maiden Name _____

Birth Date ____ / ____ / ____ Gender (circle one) Male Female

Marital Status (circle one) Single Married Widowed Separated Divorced

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes

Occupation _____ Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Sacramental Information:

	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage
Yes or No	_____	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____	_____
Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Other Adult – Relationship to the Head of the Household _____

Proper Name _____

Informal Name _____ Maiden Name _____

Birth Date ____ / ____ / ____ Gender (circle one) Male Female

Marital Status (circle one) Single Married Widowed Separated Divorced

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____ Shut In? (circle one) No Yes

Occupation _____ Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Sacramental Information:

	Baptism	1 st Communion	1 st Reconciliation	Confirmation	Marriage
Yes or No	_____	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____	_____
Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Child #1

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #2

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #3

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #4

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

Child #5

Proper Name _____ Informal Name _____

Birth Date ___ / ___ / ___ Gender (circle one) Male Female E-mail Address _____

Religion _____ Languages Spoken _____

Disability? (circle one) No Yes Type of Disability _____

School _____ Grade _____ Religious Education _____

	Baptism	1 st Communion	1 st Reconciliation	Confirmation
Yes or No	_____	_____	_____	_____
Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Church Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____

COMMENTS WELCOME (any special concerns we need to be aware of?):

For office use only:

ADC _____ PDS _____ ENV _____ ARCH _____ F-7 _____ House _____