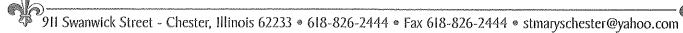


Registration Form

Today's Date:	Do you receive contribution envelopes? Y			N	
	If "Yes", do	N			
	Do you give online? Y N If "No", would you like information about Online Giving? Y N				
Head of Household		,			
Last Name:		First Name:		M.I	
Home Phone:	Mobile Phone:				
Street Address:					
City:		State:	Zip:		
D.O.B.	Email:				
Religion (if not Catholic):		Sacramen	ts Received (Check '	"X" all that apply):	
Baptism Reconciliation _	Holy Eucharist	Confirmation			
Spouse/Other Adult	•				
Head of Household					
Last Name:		First Name:		M.I	
Home Phone:		Mobile Phone:			
Street Address:					
City:					
D.O.B	Email:				
Religion (if not Catholic):		Sacramen	ts Received (Check '	"X" all that apply):	
Baptism Reconciliation _	Holy Eucharist	Confirmation	Marriage Date Wed:	-	

~ Please Complete Back for Dependents ~





Dependent Child

Last Name:		Name:	M.I	
Relationship to Head of Househo	old: Child Step-Child	Grandchild	Other	
D.O.B. Name	Name of School:		Grade:	
Religion (if not Catholic):		Sacraments Rece	eived (Check "X" all that apply):	
Sacraments Received: Baptism _	Reconciliation	Holy Eucharist _	Confirmation	
Dependent Child				
Last Name: Firs		t Name:	M.I	
Relationship to Head of Househo	old: Child Step-Child	Grandchild	Other	
D.O.BName	e of School:		Grade:	
Religion (if not Catholic):		Sacraments Rece	eived (Check "X" all that apply):	
Sacraments Received: Baptism _	Reconciliation	Holy Eucharist _	Confirmation	
Dependent Child				
Last Name: First 1		t Name:	M.I	
Relationship to Head of Househo	old: Child Step-Child	Grandchild	Other	
D.O.B Name	e of School:		Grade:	
Religion (if not Catholic):		Sacraments Rece	eived (Check "X" all that apply):	
Sacraments Received: Baptism	Reconciliation	Holy Eucharist _	Confirmation	

~ Please Use Another Sheet of Paper If Additional Room Is Required ~