

1210 Our Lady of Peace/Columbus
Parish ID# Parish Name/City

Reg Date:
PS Family ID #:
Diocesan ID #:

FAMILY REGISTRATION FORM

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Address: Add 2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Status: Active Inactive Catholic Times: Yes No

Permission to publish phone, address, email in Parish Directory Contribution Env.? Env#:

Publish Phone Publish Address Publish Email

Individual Member Information

MALE ADULT

FEMALE ADULT

(Head of Household, Role: Husband, Wife, etc.)

First Name/Nickname:

Maiden Name:

DOB (mm/dd/yyyy):

Email:

Work Phone/Cell Phone:

Occupation/Employer:

Special Needs:

Ethnic Origin:

1st Language/2nd Language:

School:

Education Level:

Sacramental Info: Baptism Catholic Other RCIA

Reconciliation 1st Communion Confirmation

Marital Status: (Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon? Wedding Date: Place/Church:

Celebrant Name: City/State:

Additional Family Members/Children Information

Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
Check if Sacrament Received. Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> 1st Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date if known. <input type="text"/>						
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
Check if Sacrament Received. Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> 1st Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date if known. <input type="text"/>						
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs (Allergies, Handicaps, etc.) <input type="text"/>						
Check if Sacrament Received. Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> 1st Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>						
Add Date if known. <input type="text"/>						