

ST. GREGORY THE GREAT CHURCH

Parish Registration

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FAMILY INFO:	Date Registered:	Family Marital Status:
	Street Address:	
	City:	Zip:
	Home Phone:	Office Phone:
	Cell Phone:	Email:

Family Member Registration:

(Please enter individual information for each member of the family including head of household, spouse and children 18 and under who live in your household)

MEMBER DETAIL:	Last Name:	First Name:	
	Nickname:	Maiden Name:	
PERSONAL:	Relationship in the family: <input type="checkbox"/> Head / Spouse <input type="checkbox"/> Child / Young Adult		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Grade / Degree:	Birth date:	
	<input type="checkbox"/> Catholic Marriage <input type="checkbox"/> other marriage <input type="checkbox"/> single <input type="checkbox"/> living not married <input type="checkbox"/> Divorced <input type="checkbox"/> separated <input type="checkbox"/> widow	Religion:	
		Language(s):	
	Date of Catholic Marriage:	Handicap:	
	Ethnicity:	Country of Descent: <i>(optional)</i>	
	Occupation:	Place of work: <i>(if child school attended):</i>	
SACRAMENTS:	Baptism: <input type="checkbox"/> Y <input type="checkbox"/> N	1 st Communion: <input type="checkbox"/> Y <input type="checkbox"/> N	Confirmation: <input type="checkbox"/> Y <input type="checkbox"/> N Reconciliation: <input type="checkbox"/> Y <input type="checkbox"/> N

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REMARKS:
(optional)

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TALENTS: <i>(optional)</i>	I would like to volunteer the following skills: <i>(write name of family member and skill)</i>
MINISTRIES: <i>(optional)</i>	I would like to volunteer for the following ministries: <i>(write name of family member and ministry)</i>

