

ST. FRANCIS OF ASSISI REGISTRATION FORM – PLEASE PRINT

LAST NAME/FAMILY NAME:			Date:
Mailing Address:			
City:	State:	ZIP Code:	Home Phone: Unlisted <input type="checkbox"/>

CONTRIBUTION PREFERENCE

Envelopes Faith Direct (Please include enrollment form)

MEMBER 1

Last Name:		First Name:		Initial:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Maiden Name:		Preferred Title: <small>(ex. Mr, Mrs, Dr)</small>		Email:	
Date of Birth:		Place of Birth: City _____ State _____		Are you currently registered at a parish? If so, which one	
Cell Phone:		Work Phone:		Other phone:	
Employer:		Occupation:		Retired?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sacramental Status: Baptized Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Denomination or rite if not Roman Catholic:		First Communion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Married Was your marriage witnessed by priest/deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Wedding Date:		Church or Place of Marriage:		City & State:	

MEMBER 2

Last Name (if different than above):		First Name:		Initial:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Maiden Name:		Preferred Title: <small>(ex. Mr, Mrs, Dr)</small>		Email:	
Date of Birth:		Place of Birth: City _____ State _____		Are you currently registered at a parish? If so, which one	
Cell Phone:		Work Phone:		Other phone:	
Employer:		Occupation:		Retired?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sacramental Status: Baptized Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Denomination or rite if not Roman Catholic:		First Communion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Married Was your marriage witnessed by priest/deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Registered by:

CHILDREN LIVING AT HOME

(College graduates or independent children should register on their own)

Last Name (if different)		First Name:		Initial:	Nickname:	
Date of Birth:		Place of Birth:			Gender:	
		City			State	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Baptized?	Date of baptism	Church of baptism:		City/State of baptism:		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Religious Education:		First Communion?	Confirmed?	School presently attending:		Grade:
<input type="checkbox"/> Catholic School <input type="checkbox"/> PSR <input type="checkbox"/> Life Teen <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name (if different)		First Name:		Initial:	Nickname:	
Date of Birth:		Place of Birth:			Gender:	
		City			State	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Baptized?	Date of baptism	Church of baptism:		City/State of baptism:		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Religious Education:		First Communion?	Confirmed?	School presently attending:		Grade:
<input type="checkbox"/> Catholic School <input type="checkbox"/> PSR <input type="checkbox"/> Life Teen <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name (if different)		First Name:		Initial:	Nickname:	
Date of Birth:		Place of Birth:			Gender:	
		City			State	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Baptized?	Date of baptism	Church of baptism:		City/State of baptism:		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Religious Education:		First Communion?	Confirmed?	School presently attending:		Grade:
<input type="checkbox"/> Catholic School <input type="checkbox"/> PSR <input type="checkbox"/> Life Teen <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name (if different)		First Name:		Initial:	Nickname:	
Date of Birth:		Place of Birth:			Gender:	
		City			State	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Baptized?	Date of baptism	Church of baptism:		City/State of baptism:		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Religious Education:		First Communion?	Confirmed?	School presently attending:		Grade:
<input type="checkbox"/> Catholic School <input type="checkbox"/> PSR <input type="checkbox"/> Life Teen <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Would you like to receive information about St. Francis of Assisi School? Yes No

Would you like to receive information about the Parish School of Religion for children not enrolled in Catholic school? Yes No