

Presentation Of The BVM Parish

Reg Date: / /

Family Registration

4123 Robertson Ave, Sacramento, CA 95821 (916) 481-7441

Last Name:
First Name(s):
Mailing Name (ie Mr. & Mrs. John Doe)
Address:
Add2:
City:
State:
Zip: -
AreaCode:
Home Phone:
Emerg. Phone:
Family Email:
Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small>		
Role: <small>(Head of House, Husband, Wife etc.)</small>		
First Name / Nickname:	 / 	 /
Gender:	Male / Female (Maiden) 	Male / Female (Maiden)
DOB (mm/dd/yyyy):	 / / 	 / /
Email:		
Work Phone/Cell Phone:	 / 	 /
First Language:		
Occupation/Employer:		
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	 / / 	 / /
<small>(Single, Married, Separated, Divorced, Annulled)</small>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	 <input type="checkbox"/> Valid Catholic Marriage? <input type="checkbox"/>	

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

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

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.