

# Demo Parish Family Registration

Reg Date: / /

321 Parish Blvd, Ann Arbor, MI 48106 (734) 111-1111

Last Name:  First Name(s):

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

Address:  Add2:

City:  State:  Zip:  -

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small> <b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small> <b>First Name / Nickname:</b> <b>Gender:</b> Male / Female (Maiden) <b>DOB (mm/dd/yyyy):</b> <b>Email:</b>  <b>Work Phone/Cell Phone:</b> <b>First Language:</b> <b>Occupation/Employer:</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 45%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 45%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; 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width: 100%; height: 15px;"></span> / /         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>  <span style="border: 1px solid black; display: inline-block; width: 30%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 30%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 30%; height: 15px;"></span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>  <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / /         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>  <span style="border: 1px solid black; 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Valid Catholic Marriage?

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.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / /	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / /	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / /	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / /	
2.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
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3.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.