

ST. ROSE PHILIPPINE DUCHESNE PARISH
FAMILY REGISTRATION FORM rev. 2/26/10

Envelope # _____

Date Registered: _____

FAMILY LAST NAME: _____ **Home Phone:** (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Head of House: _____ Birthdate: _____

Mr./Mrs/Miss/Ms/Dr.

Marital Status: _____ **Date of Marriage:** _____
Single/Married/Divorced/Widowed Married by Priest? Y N

Occupation: _____ **Email Address:** _____

Other Phones: Cell: (____) _____ **Business Phone:** (____) _____

Baptized? Y / N First Eucharist? Y / N Confirmed? Y / N

Spouse/Other Adult : _____ Birthdate: _____
Mr./Mrs/Miss/Ms/Dr.

Occupation: _____ **Email Address:** _____

Other Phone: Cell: (____) _____ **Business Phone:** (____) _____

Baptized? Y / N First Eucharist? Y / N Confirmed? Y / N

Children (living at home):

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Child's Name: _____ **Last Name** _____ **M / F** Birthdate: _____

Baptized? ___ yes ___ no First Reconciliation? ___ yes ___ no First Eucharist? ___ yes ___ no Confirmed? ___ yes ___ no

Additional important information or comments: _____