

Last Name: _____ First Name(s): _____
 Physical Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Area Code: _____ Home Phone: _____ Cell Phone: _____
 Family Email: _____ Do you wish to receive tithing envelopes? YES NO

INDIVIDUAL MEMBER INFORMATION

	<p>Head of Household</p> <p>Parish Status: _____ (Active, Inactive)</p> <p>First Name / Nickname: _____ / _____</p> <p>Gender: _____ Male / Female (Maiden)</p> <p>DOB (mm/dd/yyyy): _____ / _____ / _____</p> <p>Email: _____</p> <p>Work Phone/Cell Phone: _____ / _____</p> <p>Language: _____ (for mailing purposes)</p> <p>Occupation/Employer: _____ / _____</p> <p>Sacramental Info: Dates (mm/dd/yyyy): _____ / _____ / _____</p> <p>Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> _____ / _____ / _____</p> <p>First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> _____ / _____ / _____</p> <p>Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Married by Priest or Deacon? <input type="checkbox"/></p>	<p>Spouse</p> <p>_____ / _____</p> <p>Male / Female (Maiden) _____ _____ / _____ / _____</p> <p>_____ / _____</p> <p>_____ / _____</p> <p>_____ / _____</p> <p>Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> _____ / _____ / _____</p> <p>First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> _____ / _____ / _____</p>
<p>Are there any members of your household who would like to be visited by a priest? Yes <input type="checkbox"/> No <input type="checkbox"/> Who? _____</p>		

DEPENDENT/CHILDREN INFORMATION

	1. First Name	Last Name	Gender	Birthdate	Birthplace	Relationship to Head of Household <i>(Son, Daughter, Mother, Father etc.)</i>
	_____	_____	M / F	____ / ____ / ____	_____	_____
	Check if Sacrament Received.		Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Date: ____ / ____ / ____	Place: _____
	<i>(Add Date)</i>					
	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Enrolled in CCD? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade ____ School Attend _____	
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____		

	2. First Name	Last Name	Gender	Birthdate	Birthplace	Relationship to Head of Household <i>(Son, Daughter, Mother, Father etc.)</i>
	_____	_____	M / F	____ / ____ / ____	_____	_____
	Check if Sacrament Received.		Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Date: ____ / ____ / ____	Place: _____
	<i>(Add Date)</i>					
	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Enrolled in CCD? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade ____ School Attend _____	
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____		

	3. First Name	Last Name	Gender	Birthdate	Birthplace	Relationship to Head of Household <i>(Son, Daughter, Mother, Father etc.)</i>
	_____	_____	M / F	____ / ____ / ____	_____	_____
	Check if Sacrament Received.		Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Date: ____ / ____ / ____	Place: _____
	<i>(Add Date)</i>					
	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Enrolled in CCD? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade ____ School Attend _____	
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____		

Please fill in all blanks. If need to add additional members please use a second form. Turn over to other side.

4. First Name	Last Name	Gender	Birthdate	Birthplace	Relationship to Head of Household <i>(Son, Daughter, Mother, Father etc.)</i>
_____	_____	M / F	___/___/___	_____	_____
Check if Sacrament Received.		Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Date: ___/___/___	Place: _____	
<i>(Add Date)</i>					
Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Enrolled in CCD? Yes <input type="checkbox"/> No <input type="checkbox"/>		
___/___/___	___/___/___	___/___/___	Grade _____ School Attend _____		

5. First Name	Last Name	Gender	Birthdate	Birthplace	Relationship to Head of Household <i>(Son, Daughter, Mother, Father etc.)</i>
_____	_____	M / F	___/___/___	_____	_____
Check if Sacrament Received.		Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Date: ___/___/___	Place: _____	
<i>(Add Date)</i>					
Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Enrolled in CCD? Yes <input type="checkbox"/> No <input type="checkbox"/>		
___/___/___	___/___/___	___/___/___	Grade _____ School Attend _____		

I am interested in:

- ___ RCIA
- ___ CCD Teacher/Aid
- ___ Altar Servers
- Ministry of Hospitality:
 - ___ Ushers
 - ___ Welcome Committee
- ___ Music
- ___ Extraordinary Minister of Holy Communion
- ___ Lector
- ___ Prison Ministry
- ___ Homebound Ministry
- ___ Liturgy Committee
- ___ Stewardship Committee
- ___ Vocation Committee
- ___ Altar Society
- ___ Catholic Daughters
- ___ Guadalupe Society
- ___ Pro-Life Committee
- ___ Couples for Christ
- ___ Pequeños Hijos de María
- ___ Cursillo Movement
- ___ Knights of Columbus
- ___ Adoration
- ___ Matachines
- ___ Catholic Kids Club (age 4 to 5th Grade)
- ___ Youth Group (6th to 12th Grade)
- ___ Art and Environment

Date: _____

Name: _____ Telephone: _____

Address: _____ E-mail: _____