

St. Francis de Sales Catholic Church
Parish Registration Form

Family LAST NAME _____

Address, City, State, ZIP _____

Home or Primary Phone Number _____

Husband/Head of Household _____

MM/DD/YY of Birth _____ Religion _____

Cell Number _____ Email _____

Occupation _____

Wife/Spouse (include Maiden Name) _____

Cell Number _____ Email _____

Marital Status _____ Married by a Priest? yes _____ no _____

Occupation _____

Date of Marriage _____ Church Name/City _____

Dependent Children Living at Home

1. First/Last Name _____

MM/DD/YY of Birth _____ Gender _____

Date/Church of Baptism _____

Received First Communion? yes _____ no _____ Confirmed? yes _____ no _____

2. First/Last Name _____

MM/DD/YY of Birth _____ Gender _____

Date/Church of Baptism _____

Received First Communion? yes _____ no _____ Confirmed? yes _____ no _____

3. First/Last Name _____

MM/DD/YY of Birth _____ Gender _____

Date/Church of Baptism _____

Received First Communion? yes _____ no _____ Confirmed? yes _____ no _____

4. First/Last Name _____

MM/DD/YY of Birth _____ Gender _____

Date/Church of Baptism _____

Received First Communion? yes _____ no _____ Confirmed? yes _____ no _____