

Date of Registration: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Mailing Address if Different: _____
 Home Phone: _____ Family Email: _____

- I would like **email** to be our primary mode of communication. Email allows us to save money on envelopes and stamps.
 I would like **US mail** to be our primary mode of communication.

ADULT INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Cell Phone: _____ Personal Email: _____
 Primary Language: _____ Second Language: _____
 Single Married Divorced Widowed

Birth Date	Male/Female	Religion	Sacraments Received				Occupation
			Baptism	Communion	Confirmation	Marriage	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	

Spouse's First Name: _____ MI: _____ Last Name: _____
 Cell Phone: _____ Personal Email: _____
 Primary Language: _____ Second Language: _____

Birth Date	Male/Female	Religion	Sacraments Received				Occupation
			Baptism	Communion	Confirmation	Marriage	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	

****Other adults living in your household should register separately.****

DEPENDENT (LIVING AT HOME) INFORMATION

Name	Birth Date	M/F	Grade	Baptized? Date	Communion? Date	Confirmation? Date

Would you like to receive contribution envelopes? Yes No For Office Use--Envelope #: _____