

**WHEN COMPLETED PLEASE RETURN TO THE OFFICE OR DROP IT IN THE COLLECTION BASKET AT MASS.**

**FAMILY (LAST) NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Languages Spoken in Your Home \_\_\_\_\_

Circle Marital Status: Single; Married; Separated; Divorced Widowed  
(If you are not married in the Catholic Church and wish to be, please call one of our priests at any time to assist you.)

**If not already using them, would you like to receive envelopes Yes \_\_\_ No-\_\_\_**

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**HEAD OF HOUSEHOLD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you Catholic? \_\_\_ Yes \_\_\_ No. Please check which Sacraments you have received:

\_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

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**SPOUSE**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you Catholic? \_\_\_ Yes \_\_\_ No. Please check which Sacraments you have received:

\_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

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**MINOR CHILDREN LIVING IN THE HOME:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_  
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**Continue on reverse side⇒**

**MINOR CHILDREN LIVING IN THE HOME:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Sacraments received: \_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

School Grade \_\_\_\_\_

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**OTHER ADULTS LIVING IN THE HOME**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you Catholic? \_\_\_ Yes \_\_\_ No. Please check which Sacraments you have received:

\_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

Marital Status: \_\_\_ Single; \_\_\_ Married; \_\_\_ Separated; \_\_\_ Divorced; \_\_\_ Widowed

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you Catholic? \_\_\_ Yes \_\_\_ No. Please check which Sacraments you have received:

\_\_\_ Baptism \_\_\_ First Communion \_\_\_ Confirmation

Marital Status: \_\_\_ Single; \_\_\_ Married; \_\_\_ Separated; \_\_\_ Divorced; \_\_\_ Widowed

**PLEASE RETURN TO OFFICE WHEN COMPLETED**

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