St. Magdalen Parish
Family Registration
417 E 6th Ave
Lennox, SD 57039
(605) 937-8274

Last Name:_____ Envelope #_____ Registration Date:___/___/___

Please print legibly

Family

Last Name _____First Name _____

Mailing Name _____

Address _____City _____ State _____ Zip _____

Home Phone _____ Cell _____ Emergency Phone _____

Family Email _____

Individual Member Information

Role: (Head of House, Husband, Wife, etc)_____ Religion _____

First Name/Nickname _____/_____

Gender _____ Maiden Name _____

DOB (mm/dd/yyyy) _____ Email: _____

Cell Phone _____Work Phone _____

Occupation _____Employer_____

Married: Date: _____ Church, City & State_____

Approved by Catholic Church? Yes____ No____ Witnessed by Catholic Priest? Yes___ No___

_ _

Role: (Head of House, Husband, Wife, etc)_____ Religion _____

First Name/Nickname _____/_____

Gender _____ Maiden Name _____

DOB (mm/dd/yyyy) _____ Email: _____

Cell Phone _____Work Phone _____

Occupation _____Employer_____

Married: Date: _____Church and Place _____

Approved by Catholic Church? Yes____ No____ Witnessed by Catholic Priest? Yes___ No___

Previous Parish: _____City_____State_____

Children Registration on back side of this form

Children (living at home)

Name ______________________ DOB _________ Baptism (Date/Church/City/State) ____

1st Penance (Date/Church/City/State) ________________________ 1st Communion(Date/Church/City/State) ____________________________ Confirmation (Date/Church/City/State) ______________________________

(OVER)

Children (living at home)

Name ______________________ DOB _________ Baptism (Date/Church/City/State) ____

1st Penance (Date/Church/City/State) ________________________ 1st Communion(Date/Church/City/State) ____________________________ Confirmation (Date/Church/City/State) ______________________________

Children (living at home)

Name ______________________ DOB _________ Baptism (Date/Church/City/State) ____

1st Penance (Date/Church/City/State) ________________________ 1st Communion(Date/Church/City/State) ____________________________ Confirmation (Date/Church/City/State) ______________________________

Children (living at home)

Name ______________________ DOB _________ Baptism (Date/Church/City/State) ____

1st Penance (Date/Church/City/State) ________________________ 1st Communion(Date/Church/City/State) ____________________________ Confirmation (Date/Church/City/State) ______________________________

Children (living at home)

Name ______________________ DOB _________ Baptism (Date/Church/City/State) ____

1st Penance (Date/Church/City/State) ________________________ 1st Communion(Date/Church/City/State) ____________________________ Confirmation (Date/Church/City/State) ______________________________

OTHERS LIVING IN HOME (Mention also students in college)

Name______________________________ DOB_____________ Status (M-S-D-W)__________________

Name______________________________ DOB_____________ Status (M-S-D-W)__________________

Name______________________________ DOB_____________ Status (M-S-D-W)__________________