

**St. Christina's Parish**

Family Registration  
380 West 1<sup>st</sup> Street  
Parker, SD 57053  
(605) 297-4983

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 \_\_\_\_\_

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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)
_____	_____	_____	_____
1 <sup>st</sup> Penance	(Date/Church/City/State)	1 <sup>st</sup> Communion	(Date/Church/City/State) Confirmation (Date/Church/City/State)
_____	_____	_____	_____
(OVER)			

Children (living at home)

Name	DOB	Baptism	(Date/Church/City/State)
_____	_____	_____	_____
1 <sup>st</sup> Penance	(Date/Church/City/State)	1 <sup>st</sup> Communion	(Date/Church/City/State) Confirmation (Date/Church/City/State)
_____	_____	_____	_____

Children (living at home)

Name	DOB	Baptism	(Date/Church/City/State)
_____	_____	_____	_____
1 <sup>st</sup> Penance	(Date/Church/City/State)	1 <sup>st</sup> Communion	(Date/Church/City/State) Confirmation (Date/Church/City/State)
_____	_____	_____	_____

Children (living at home)

Name	DOB	Baptism	(Date/Church/City/State)
_____	_____	_____	_____
1 <sup>st</sup> Penance	(Date/Church/City/State)	1 <sup>st</sup> Communion	(Date/Church/City/State) Confirmation (Date/Church/City/State)
_____	_____	_____	_____

Children (living at home)

Name	DOB	Baptism	(Date/Church/City/State)
_____	_____	_____	_____
1 <sup>st</sup> Penance	(Date/Church/City/State)	1 <sup>st</sup> 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)	_____