

FIRST ADULT

Full Name:

Gender: ☐ Male ☐ Female Date of Birth:

Phone: Email:

Address:

Place of Employment:

Religion: Prev. Parish:

Sacraments Received: ☐ Baptism ☐ Penance ☐ Communion ☐ Confirmation ☐ Matrimony

Location and Date of Baptism:

Marriage Status: ☐ Single ☐ Divorced ☐ Separated ☐ Married ☐ Widow(er) ☐ Annulled

Handicap/Disability:

Infant of Prauge is always looking for ways to improve Accessibility features in and around the Church campus.
Please let us know of any accommodations you may need, and we will do our best to provide.

SECOND ADULT

Full Name:

Gender: ☐ Male ☐ Female Date of Birth:

Phone: Email:

Address:

Place of Employment:

Religion: Prev. Parish:

Sacraments Received: ☐ Baptism ☐ Penance ☐ Communion ☐ Confirmation ☐ Matrimony

Location and Date of Baptism:

Marriage Status: ☐ Single ☐ Divorced ☐ Separated ☐ Married ☐ Widow(er) ☐ Annulled

Handicap/Disability:

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Please let us know of any accommodations you may need, and we will do our best to provide.

CHILD 1

Name:

Gender: ☐ Male ☐ Female Date of Birth:

Sacraments Received: ☐ Baptism ☐ Penance ☐ Communion ☐ Confirmation

Location and Date of Baptism:

Grade Number: School Attending:

Handicap/Disability:

CHILD 2

Name:

Gender: ☐ Male ☐ Female Date of Birth:

Sacraments Received: ☐ Baptism ☐ Penance ☐ Communion ☐ Confirmation

Location and Date of Baptism:

Grade Number: School Attending:

Handicap/Disability:

CHILD 3

Name:

Gender: ☐ Male ☐ Female Date of Birth:

Sacraments Received: ☐ Baptism ☐ Penance ☐ Communion ☐ Confirmation

Location and Date of Baptism:

Grade Number: School Attending:

Handicap/Disability:

MORE CHILDREN?

☐ Yes ☐ No

We will call you to get the rest of the information if yes.

EMERGENCY CONTACT

Name:

Number:

FAMILY AREAS OF INTEREST

- | | |
|--|---|
| ☐ Religious Education | ☐ Parish Life |
| ☐ RCIA | ☐ Parish Council |
| ☐ Music Ministry | ☐ Lazarus Server |
| ☐ Lector | ☐ Offertory Counter |
| ☐ Legion of Mary | ☐ Building & Maintenance |
| ☐ Greeter/Usher | ☐ Other |