

Office Use only

Env #: _____

PS Date: _____

Initials: _____

St Damien of Molokai Parish

Registration Form

Household Information

Family Name: (Last name and first name of head of household) _____

Address (Street, City, Zip Code) _____

Primary Phone _____ Other Phone _____

Email _____ Preferred Language: English | Spanish

Head of Household

Full Name _____

Date of Birth _____ Gender (circle): Male | Female Occupation _____

Marital Status (circle):

Single | Married (civil) | Married (Catholic Marriage) | Separated | Widowed | Living together (not married)

Sacraments Completed (circle): Baptism | First Communion | Confirmation | Sacrament of Marriage

2nd Head of House Hold (Spouse)

Full Name _____

Date of Birth _____ Gender (circle): Male | Female Occupation _____

Marital Status (circle):

Single | Married (civil) | Married (Catholic Marriage) | Separated | Widowed | Living together (not married)

Sacraments Completed (circle): Baptism | First Communion | Confirmation | Sacrament of Marriage

Relationship to Head of Household _____

Dependents

If you have adult children living at home, they must fill out there own registration form

Dependent 1

Full Name _____ Date of Birth _____ Gender (circle): Male | Female

Relationship to Head of Household _____ School Grade _____

Sacraments Completed (circle): Baptism | First Communion | Confirmation

Dependent 2

Full Name _____ Date of Birth _____ Gender (circle): Male | Female

Relationship to Head of Household _____ School Grade _____

Sacraments Completed (circle): Baptism | First Communion | Confirmation

Dependent 3

Full Name _____ Date of Birth _____ Gender (circle): Male | Female

Relationship to Head of Household _____ School Grade _____

Sacraments Completed (circle): Baptism | First Communion | Confirmation

Dependent 4

Full Name _____ Date of Birth _____ Gender (circle): Male | Female

Relationship to Head of Household _____ School Grade _____

Sacraments Completed (circle): Baptism | First Communion | Confirmation

Dependent 5

Full Name _____ Date of Birth _____ Gender (circle): Male | Female

Relationship to Head of Household _____ School Grade _____

Sacraments Completed (circle): Baptism | First Communion | Confirmation

If you have more than dependents please fill out the reverse side of an additional registration form