

PLEASE LIST EACH CHILD LIVING AT HOME:

Name – Last, First: _____

Suffix (circle if used): Jr., II, III, IV, Other _____

Relationship _____

Religion _____

Is person physically or mentally challenged _____

Explain _____

Date of Birth: ____/____/____ Gender: _____

High Grade (K-16) _____

If in school, what school _____

Receiving PREP instruction _____

Baptism: Yes No 1st Comm: Yes No Confirm: Yes No

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USING REVERSE SIDE OF THIS FORM, PLEASE LIST EACH CHILD LIVING AT HOME SEPARATELY.