St. Michael the Archangel
Parish Registration Form

Would You Like Offertory Envelopes Yes_____ No____

Online Giving Yes_____ No____

Maiden Name _____

Home Phone _____

LAST NAME ONLY - PLEASE PRINT

Family Last Name _____

Street Address _____ Apt.# _____

City and Zip _____

Mailing Address _____

(If Different From Above)

Mr. Work _____ Mr. Cell _____

Mrs. Work _____ Mrs. Cell _____

E-Mail _____

Do you wish to receive the Catholic Exponent? **YES** **NO**

Would you like information about St. Michael School or our Parish School of Religion? **YES** **NO**

First Name	Middle Initial	Single Married Widow(er) Separated Divorced	Sex M F	Date of Birth M/D/Y	Catholic Non-Cath	Baptized Yes No	1st Comm Yes No	Confirmed Yes No	Mass Attendance Weekly Monthly Seldom	Language Spoken At Home
					Y / N	Y / N	Y / N			
					Y / N	Y / N	Y / N			

DEPENDENT CHILDREN LIVING AT HOME

First Name	Last Name	Sex	Age	Date of Birth	Catholic	Baptism Date and Place	1st Comm Yes/No	Confirmed Yes/No	School/ Current Gr.	Language Spoken At Home
					Y / N		Y / N			
					Y / N		Y / N			
					Y / N		Y / N			
					Y / N		Y / N			
					Y / N		Y / N			

Husband's Occupation _____ Place of Employment _____

Wife's Occupation _____ Place of Employment _____

If Retired, Former Occupation _____ Physical Limitations _____