

## FAMILY REGISTRATION

ST. MICHAEL THE ARCHANGEL ROMAN CATHOLIC CHURCH  
SAINT TIMOTHY CHAPEL  
469 North Street -Greenwich, Connecticut 06830-3998  
203 869-5421

Date      /      /

Envelopes \_\_\_\_\_  
E-Giving \_\_\_\_\_

Family Name \_\_\_\_\_

Formal Mailing Name (Example: Mr. and Mrs. John Doe): \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Area Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Primary E-Mail \_\_\_\_\_ Envelope Number \_\_\_\_\_

### Individual Member Information

First & Middle Name/Nickname: \_\_\_\_\_

Gender (Circle One)      Male      Female      Male      Female

Maiden Name (if Applicable) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

E-Mail \_\_\_\_\_

Primary Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

First Language \_\_\_\_\_

Occupation \_\_\_\_\_

Sacramental Information -      Catholic    Yes \_\_\_\_\_ No \_\_\_\_\_      Catholic    Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received:      Baptism: \_\_\_\_\_      Baptism: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_      First Reconciliation: \_\_\_\_\_

Holy Eucharist: \_\_\_\_\_      Holy Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_      Confirmation: \_\_\_\_\_

Marital Status  
(Single, Married, Separated,  
Divorced, Annulled) \_\_\_\_\_

Valid Catholic Marriage      Yes \_\_\_\_\_ No \_\_\_\_\_      Yes \_\_\_\_\_ No \_\_\_\_\_

### Dependent Children Information

Relationship  
(Daughter/Son/ Mother/Father/Etc.) \_\_\_\_\_ Gender - Male \_\_\_\_\_ Female \_\_\_\_\_

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ First Language: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received:      Baptism: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

(Use Reverse Side for Additional Children)

Relationship  
(Daughter/Son/ Mother/Father/Etc.) \_\_\_\_\_ Gender - Male \_\_\_\_\_ Female \_\_\_\_\_

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ First Language: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received: Baptism: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Relationship  
(Daughter/Son/ Mother/Father/Etc.) \_\_\_\_\_ Gender - Male \_\_\_\_\_ Female \_\_\_\_\_

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ First Language: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received: Baptism: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Relationship  
(Daughter/Son/ Mother/Father/Etc.) \_\_\_\_\_ Gender - Male \_\_\_\_\_ Female \_\_\_\_\_

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ First Language: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received: Baptism: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Relationship  
(Daughter/Son/ Mother/Father/Etc.) \_\_\_\_\_ Gender - Male \_\_\_\_\_ Female \_\_\_\_\_

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ First Language: \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sacrament Received: Baptism: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_