



## Parish Registration

**St. Barbara Church**  
4000 Prairie Avenue  
Brookfield, IL. 60513

**St. Louise de Marillac Church**  
30<sup>th</sup> Street and Raymond Ave  
La Grange Park, IL, 60526

### Household Information

Envelope No \_\_\_\_\_

Date \_\_\_\_\_

Mailing Salutation (e.g., Mr. & Mrs. John Doe) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Head of Household

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female

Date of Birth \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

Email Address \_\_\_\_\_

Baptism    Yes \_\_\_\_    Date \_\_\_\_\_    Parish \_\_\_\_\_

Holy Communion    Yes \_\_\_\_    Date \_\_\_\_\_    Parish \_\_\_\_\_

Confirmation    Yes \_\_\_\_    Date \_\_\_\_\_    Parish \_\_\_\_\_

Marriage    Catholic Marriage \_\_\_\_    Date \_\_\_\_\_    Parish \_\_\_\_\_

Civil Marriage \_\_\_\_    Widowed \_\_\_\_    Separated \_\_\_\_    Divorced \_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Current Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

Special Needs \_\_\_\_\_ Homebound    Yes \_\_\_\_    No \_\_\_\_

Are you in a Care Facility    Yes \_\_\_\_    No \_\_\_\_    Name of Facility \_\_\_\_\_

If yes, name of closest relative \_\_\_\_\_ Phone No \_\_\_\_\_

Additional Comments or Concerns \_\_\_\_\_

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**Spouse**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

Date of Birth \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

Email Address \_\_\_\_\_

Baptism Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Holy Communion Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Confirmation Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Marriage Catholic Marriage \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Civil Marriage \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

Highest Level of Education Completed \_\_\_\_\_

Current Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

Special Needs \_\_\_\_\_ Homebound Yes \_\_\_ No \_\_\_

Are you in a Care Facility Yes \_\_\_ No \_\_\_ Name of Facility \_\_\_\_\_

If yes, name of closest relative \_\_\_\_\_ Phone No \_\_\_\_\_

**Child**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

Date of Birth \_\_\_\_\_ (If child is over the age of 22, please register separately)

Baptism Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Holy Communion Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Confirmation Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

School \_\_\_\_\_ Grade or Year \_\_\_\_\_

Special Needs \_\_\_\_\_



**Child**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ \_\_\_ Male \_\_\_ Female  
Date of Birth \_\_\_\_\_ (If child is over the age of 22, please register separately)

Baptism Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Holy Communion Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Confirmation Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

School \_\_\_\_\_ Grade or Year \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Child**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ \_\_\_ Male \_\_\_ Female  
Date of Birth \_\_\_\_\_ (If child is over the age of 22, please register separately)

Baptism Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Holy Communion Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Confirmation Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

School \_\_\_\_\_ Grade or Year \_\_\_\_\_  
Special Needs \_\_\_\_\_

**Child**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ \_\_\_ Male \_\_\_ Female  
Date of Birth \_\_\_\_\_ (If child is over the age of 22, please register separately)

Baptism Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Holy Communion Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_  
Confirmation Yes \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

School \_\_\_\_\_ Grade or Year \_\_\_\_\_  
Special Needs \_\_\_\_\_

If you have an additional adult living in your home, please fill out a separate form for them.