

PARISH REGISTRATION: Pastorate #8, 692- 4361

Save File to your computer & email to info@stmbrookings.org, or mail it.

Envl# _____

Date _____ Previous Parish + City _____

FAMILY INFORMATION (Please print information) **New Parish to Join:**_____

Name _____

(Spouse Name) _____

Title Mr/Mrs Mr Mrs Ms Miss

Post Office Box _____ Street/Rural Address _____

City/State _____ Zip _____

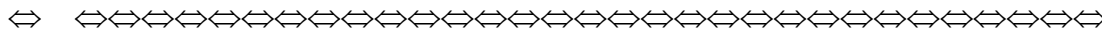
Phone Number	Unlisted Number?	Yes	No
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E-Mail:

Marriage Date _____ Church & City/State _____

Marital Status ☐ Catholic ☐ Civil/Non Catholic ☐ Mixed Religion (Invalid)

Mixed Religion Single Divorced Widowed Separated



MEMBER INFORMATION

Adult Male

Adult Female

First Name

Maiden Name

Religion

Occupation

Place of Work

Work Phone #

Birth Date (Month/Day/Year)

Education completed

Baptism

Church

Place

City/State

Date (at least the year)

Have you received the following sacraments?

Male

Female

First Reconciliation (Confession)

Yes _____ No _____

Yes _____ No _____

First Communion

Yes No

Yes No

Confirmation

Yes No

Yes _____ No _____

Children registration information:

	Oldest Child	Second Child
Name		
Last Name		
Religion		
Male/Female		
Birth Date (Month/Day/Year)		
School & Grade		
Baptism		
Church		
City/State		
Date (Month/Year)		
Confirmation		
Church		
City/State		
Date (Month/Year)		
First Communion		
Church		
City/State		
Date (Month/Year)		
Sacrament of first Reconciliation?	Yes No	Yes No

	Third Child	Fourth Child
Name		
Last Name		
Religion		
Male/Female		
Birth Date (Month/Day/Year)		
School & Grade		
Baptism		
Church		
City/State		
Date (Month/Year)		
Confirmation		
Church		
City/State		
Date (Month/Year)		
First Communion		
Church		
City/State		
Date (Month/Year)		
Sacrament of first Reconciliation	Yes No	Yes No