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

E-Mail:____

Marriage Date __________________Church & City/State ________________________

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

___ Mixed Religion __ Single __ Divorced __ Widowed __ Separated

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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