



Membership Registration Form

FAMILY CONTACT INFORMATION

FAMILY NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ PHONE _____

EMAIL _____

HEAD OF HOUSEHOLD INFORMATION

FULL NAME _____ MAIDEN _____

GENDER ☐ Male ☐ Female DATE OF BIRTH _____

MARITAL STATUS ☐ Single ☐ Catholic Marriage ☐ Marriage Outside of the Catholic Faith ☐ Separated ☐ Widowed

RELIGION _____

CONFIRMED ☐ Yes ☐ No ☐ Unsure

BAPTISMAL STATUS ☐ Baptized Catholic ☐ Convert ☐ Not Baptized

FIRST COMMUNION ☐ Yes ☐ No

ADULT INFORMATION

FULL NAME _____ MAIDEN _____

GENDER ☐ Male ☐ Female DATE OF BIRTH _____

MARITAL STATUS ☐ Single ☐ Catholic Marriage ☐ Marriage Outside of the Catholic Faith ☐ Separated ☐ Widowed

RELIGION _____

CONFIRMED ☐ Yes ☐ No ☐ Unsure

BAPTISMAL STATUS ☐ Baptized Catholic ☐ Convert ☐ Not Baptized

FIRST COMMUNION ☐ Yes ☐ No

CHILD INFORMATION

FULL NAME	_____	DATE OF BIRTH	_____
GENDER	☐ Male ☐ Female	SCHOOL & GRADE	_____
RELIGION	_____		
CONFIRMED	☐ Yes ☐ No ☐ Unsure	_____	
BAPTISMAL STATUS	☐ Baptized Catholic ☐ Convert ☐ Not Baptized	_____	
FIRST COMMUNION	☐ Yes ☐ No	_____	

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FULL NAME	_____	DATE OF BIRTH	_____
GENDER	☐ Male ☐ Female	SCHOOL & GRADE	_____
RELIGION	_____		
CONFIRMED	☐ Yes ☐ No ☐ Unsure	_____	
BAPTISMAL STATUS	☐ Baptized Catholic ☐ Convert ☐ Not Baptized	_____	
FIRST COMMUNION	☐ Yes ☐ No	_____	

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FIRST COMMUNION	☐ Yes ☐ No	_____	