Saint Michael's Catholic Church

2751 County Road 30
Florence, Alabama 35634
stmichaelcatholic@gmail.com
www.stmichaelscatholic.org
256-764-1885

Date: _____

Family Address/Contact Information:

Last Name _____
First Name _____
Address _____
_____
City _____ State _____
Zip Code/Postal _____
Phone _____ Phone 2_____
Email _____

Would you like to receive an offertory envelope box? Yes / No

1. Member Information

First Name _____ Birth Place _____
Last Name _____ Email _____
Role in Family _____ Phone _____
Date of Birth _____ Gender M / F

1. Member Sacrament Information

Catholic Yes / No
If not Catholic, what religion _____

Baptism Date _____
City / State _____
Church Name _____

Confirmation Date _____
City / State _____
Church Name _____

First Communion Date _____
City / State _____
Church Name _____

Marriage Date _____
City / State _____
Church Name _____
Catholic Marriage Yes / No

2. Member Information

First Name _____ Birth Place _____
Last Name _____ Email _____
Role in Family _____ Phone _____
Date of Birth _____ Gender M / F

2. Member Sacrament Information

Catholic Yes / No
If not Catholic, what religion _____

Baptism Date _____ **Confirmation** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____

First Communion Date _____ **Marriage** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____
Catholic Marriage Yes / No

3. Member Information

First Name _____ Birth Place _____
Last Name _____ Email _____
Role in Family _____ Phone _____
Date of Birth _____ Gender M / F

3. Member Sacrament Information

Catholic Yes / No
If not Catholic, what religion _____

Baptism Date _____ **Confirmation** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____

First Communion Date _____ **Marriage** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____
Catholic Marriage Yes / No

4. Member Information

First Name _____ Birth Place _____
Last Name _____ Email _____
Role in Family _____ Phone _____
Date of Birth _____ Gender M / F

4. Member Sacrament Information

Catholic Yes / No
If not Catholic, what religion _____

Baptism Date _____ **Confirmation** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____

First Communion Date _____ **Marriage** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____
Catholic Marriage Yes / No

5. Member Information

First Name _____ Birth Place _____
Last Name _____ Email _____
Role in Family _____ Phone _____
Date of Birth _____ Gender M / F

5. Member Sacrament Information

Catholic Yes / No
If not Catholic, what religion _____

Baptism Date _____ **Confirmation** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____

First Communion Date _____ **Marriage** Date _____
City / State _____ City / State _____
Church Name _____ Church Name _____
Catholic Marriage Yes / No

*** For additional family members, reprint page 2 or 3*