



KENOSHA - RACINE
COUNTY LINE
CATHOLIC
PARISHES

FAMILY REGISTRATION FORM

Choose your parish: St. Francis Xavier St. John the Baptist St. Mary of the Assumption St. Robert Bellarmine

Family Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

May we welcome you by name in the bulletin? Yes No

HEAD OF HOUSEHOLD (HOH):

Name (First and Middle): _____ Marital Status: _____

Phone Number: _____ Email Address: _____

Birth Date (MM/DD/YYYY): _____ Religion: _____ Sex: M F

Occupation: _____

Baptism: Yes No

Church Name & Date _____

First Communion: Yes No

Church Name & Date _____

Confirmation: Yes No

Church Name & Date _____

SPOUSE:

Name (First and Middle): _____ Marital Status: _____

Phone Number: _____ Email Address: _____

Birth Date (MM/DD/YYYY): _____ Religion: _____ Sex: M F

Occupation: _____

Baptism: Yes No

Church Name & Date _____

First Communion: Yes No

Church Name & Date _____

Confirmation: Yes No

Church Name & Date _____

(Member 1) Name (First and Middle): _____

Relationship to HOH: _____ Religion: _____ Sex: M F

Birth Date (MM/DD/YYYY): _____ Occupation: _____

Baptism: Yes No Church Name & Date: _____

First Communion: Yes No Church Name & Date: _____

Confirmation: Yes No Church Name & Date: _____

(Member 2) Name (First and Middle): _____

Relationship to HOH: _____ Religion: _____ Sex: M F

Birth Date (MM/DD/YYYY): _____ Occupation: _____

Baptism: Yes No Church Name & Date: _____

First Communion: Yes No Church Name & Date: _____

Confirmation: Yes No Church Name & Date: _____

(Member 3) Name (First and Middle): _____

Relationship to HOH: _____ Religion: _____ Sex: M F

Birth Date (MM/DD/YYYY): _____ Occupation: _____

Baptism: Yes No Church Name & Date: _____

First Communion: Yes No Church Name & Date: _____

Confirmation: Yes No Church Name & Date: _____

(Member 4) Name (First and Middle): _____

Relationship to HOH: _____ Religion: _____ Sex: M F

Birth Date (MM/DD/YYYY): _____ Occupation: _____

Baptism: Yes No Church Name & Date: _____

First Communion: Yes No Church Name & Date: _____

Confirmation: Yes No Church Name & Date: _____

Please list any committees, ministries, and/or groups of the parish that you are interested in learning more about:

FOR PARISH OFFICE USE ONLY

Date Registered: _____ ID/Envelope #: _____

Welcome Letter Mailed: _____ Bulletin Announcement: _____