

St Michael Parish Family Registration

Reg Date: / /

5750 N High St, Worthington, OH 43085 (614) 885-7814

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> Male / Female (Maiden) <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> Male / Female (Maiden) <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced, Annulled)</i> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household <i>(Son, Daughter, Mother Father etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input type="text"/>	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
2.	<input type="text"/>	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
3.	<input type="text"/>	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.