

The Catholic Church In East St. James
Family Blank Registration Form

FAMILY REGISTRATION

	Head of Household	Spouse:	
Family Name:	Last Name:	Last Name:	
	First Name:	First Name:	
	Title:	Title:	
	Suffix:		
Family Info:	Street Address Line 1:		
	Street Address Line 2:		
	Street City/State:	Street Zip:	
	Phone Number	Description	Unlisted?
		Home/Office/Cell/Other	Yes/No
		Home/Office/Cell/Other	Yes/No
	Email:		
Mailing Addr.: (if different than street): PO BOX.	Mailing Address Line 1:		
	Mailing Address Line 2:		
	Mailing City/State:	Mailing Zip:	

CHURCH PARISH (check one) St Michael St Joseph Sacred Heart

ATTENTION!!!! ATTENTION!!!! ATTENTION!!!!

Following this Family Registration sheet are 2 pages for **MEMBER REGISTRATION**. These 2 pages must be filled out for **EVERY PERSON** living in this household regardless of age. This includes father, mother, all children and any adults. However all adults over the age of 25 should be registered as an individual family. If you are single and living alone fill out the family registration and the member form.

If you have any questions please call the Pastoral Center office 225-869-5751.

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Member Registration				
Member Detail:	Last Name:			
	First Name:			
	Middle:			
	Nickname:			
	Maiden Name:			
	Title:			
	Suffix:			
Personal:	Relationship:		(Husband, wife, child, grandchild, young adult, etc.)	
	Grade/Degree:		Gender: Male/Female	
	Marital Status:		Birthdate: / /	
	Language:			
	Religion:			
	Handicap:			
	Occupation:			
	Race:			
Phone/Email:	Phone:		Type: Home/Office/Cell/Other Unlisted? Yes/No	
	Phone:		Type: Home/Office/Cell/Other Unlisted? Yes/No	
	Email:			
Sacraments:	General Information	Birthplace:		
		Father:		
		Mother:		
		Mother's Maiden Name:		
	Baptism:	Baptismal Name		
		Date:		
		Performed by:		
		Church Name:		
		Church Address:		
		Sponsor(s):		

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Member Registration
CONTINUED

Sacraments continued:	1st Comm:	Date:	
		Church Name::	
		Church Address	
	Confirmation:	Confirmation Name:	
		Date:	
		Performed by::	
		Church Name:	
		Church Address	
		Sponsor(s):	
	NonSac Marriage:	Spouse:	
		Date:	
		Performed by:	
		Church Name:	
		Church Address:	
		Witness(es):	
	Marriage:	Spouse:	
		Date:	
		Performed by:	
		Church Name:	
		Church Address:	
		Witness(es):	
Talents:	I would like to volunteer the following skills:		
Ministries:	I would like to volunteer for the following ministries:		