

St. Kieran Catholic Church: Parish Registration Form

Please complete form with as much information as possible.
Although dates of Sacraments are important, they are not necessary to complete data entry.

General Family Information

Last Name: _____ First Name(s): _____

Primary Address (Line 1): _____

City, State, ZIP (Line 2): _____

Primary Phone: _____; This is ___ Cell or ___ Land Line
Emergency Contact: _____ Emergency Phone: _____

Notes:

Individual Family Member (Head of Household)

First Name: _____ Middle Initial: ___ Last Name: _____

If female and married, please include maiden name: _____

Title: _____ Marital Status: _____ Gender: ___ M ___ F

Role in the household: ___ Head of H/H ___ Spouse ___ Son/Daughter ___ Other (specify below)

Religion: _____ Primary Language Spoken: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ FAX: _____

Birthdate: _____ Birth Place: _____

Sacrament Summary

<u>Sacrament</u>	<u>Date</u>	<u>Place</u>	<u>Celebrant</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____
Marriage	_____	_____	_____
Anointing/Sick	_____	_____	_____
Holy Orders	_____	_____	_____

Notes:

Individual Family Member (Spouse)

First Name: _____ Middle Initial: ____ Last Name: _____

If female and married, please include maiden name: _____

Title: _____ Marital Status: _____ Gender: ____ M ____ F

Role in the household: ____ Head of H/H ____ Spouse ____ Son/Daughter ____ Other (specify below) _____

Religion: _____ Primary Language Spoken: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ FAX: _____

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Confirmation	_____	_____	_____
Marriage	_____	_____	_____
Anointing/Sick	_____	_____	_____
Holy Orders	_____	_____	_____

Notes:

Individual Family Member (Dependent)

First Name: _____ Middle Initial: ____ Last Name: _____

If female and married, please include maiden name: _____

Title: _____ Marital Status: _____ Gender: ____ M ____ F

Role in the household: ____ Head of H/H ____ Spouse ____ Son/Daughter ____ Other (specify below) _____

Religion: _____ Primary Language Spoken: _____

Email Address: _____ Home Phone: _____

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Holy Orders	_____	_____	_____

For Office Use Only

Date Form Received: _____ ***Information Recd. By:*** _____

Date Processed and Sent: _____