

(All information provided will be kept confidential)

Family Name: _____ Today's Date: ___/___/___
 Street Address: _____ Apt.# or Floor: _____
 City/State: _____ Zip: _____ Email: _____

Phone Number	Description	Unlisted?
_____	_____	No
_____	Home/Office/Cell/Other	Yes/No
_____	Home/Office/Cell/Other	Yes/No

How long have you been a parishioner at St. Stanislaus?: _____
 Language spoken in home other than English: _____

Please complete the following information for Head(s) of Household

Male Given Name: _____
 Name Preference: _____

*(e.g. Jim, Bob, Bud, Joe, Ginny, Sue, Peggy, etc.)

M.I.: _____ Date of Birth: _____

Nationality: _____

(please specify African American, Asian, Caucasian, Hispanic, Native American, etc.)

Religion: _____

Practicing? Yes No Occasionally

Occupation: _____

Phone: _____

Sacraments Received:

Baptism Communion
 Confirmation Marriage

Marital Status:

Single Married Widowed
 Separated Divorced Other _____

Date of Marriage: _____

Name of Church: _____

City & State: _____

Marriage witnessed by:

Priest Minister
 Rabbi Justice of Peace

If the marriage was not witnessed by a priest, was permission obtained from the Catholic Church for the marriage to take place before a minister, rabbi or justice?

Yes No

Female Given Name: _____

Name Preference*: _____

Maiden Name: _____

M.I.: _____ Date of Birth: _____

Nationality: _____

(please specify African American, Asian, Caucasian, Hispanic, Native American, etc.)

Religion: _____

Practicing? Yes No Occasionally

Occupation: _____

Phone: _____

Sacraments Received:

Baptism Communion
 Confirmation Marriage

Marital Status:

Single Married Widowed
 Separated Divorced Other _____

Date of Marriage: _____

Name of Church: _____

City & State: _____

Marriage witnessed by:

Priest Minister
 Rabbi Justice of Peace

If the marriage was not witnessed by a priest, was permission obtained from the Catholic Church for the marriage to take place before a minister, rabbi or justice?

Yes No

(All information provided will be kept confidential)

Please complete if you reside alone

Next of Kin: _____ Telephone Number: _____

Relationship: _____

Please list the names, birth dates, sacraments, school of occupation of each of the children who are living with you.
(If you have more than five children, please use an additional sheet)

First and Last Name	Sex	Birthdate	Sacraments	School or Occupation	Grade	In Prep?
_____	_____	_____	Bap <input type="checkbox"/> Com <input type="checkbox"/> Conf <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Bap <input type="checkbox"/> Com <input type="checkbox"/> Conf <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Bap <input type="checkbox"/> Com <input type="checkbox"/> Conf <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Bap <input type="checkbox"/> Com <input type="checkbox"/> Conf <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Bap <input type="checkbox"/> Com <input type="checkbox"/> Conf <input type="checkbox"/>	_____	_____	_____

Other family member(s) living with you: (older relative, In-Law, etc.)

Name: _____ Relationship: _____

Please list any talents, skills or interests you would be willing to share with your Parish Family:

Please list any organizations or ministries you currently participate in:

Name: _____ Ministry: _____

Name: _____ Ministry: _____

Name: _____ Ministry: _____

(FOR OFFICE USE ONLY)

Registered by: