

Church of the Little Flower Registration Form

Env. #: _____

(TITLE: Mr. Mrs. Ms. Dr.) LAST NAME _____ FIRST NAME _____ MIDDLE _____

(Nickname) _____

(TITLE: Mr. Mrs. Ms. Dr.) SPOUSE'S LAST NAME _____ FIRST NAME _____ MIDDLE _____

(Nickname) _____

E-MAIL ADDRESS(ES) (His) _____ (Hers) _____

HOME ADDRESS _____ CITY _____ ZIP _____ REGISTRATION DATE _____

(His Cell #) _____ (Her Cell #) _____ Landline # _____

	<u>HEAD OF HOUSE</u>	<u>SPOUSE</u>	<u>CHILD</u>	<u>CHILD</u>	<u>CHILD</u>	CHILD or other living in home
FIRST NAME						
LAST NAME						
<u>DATE OF BIRTH</u> <u>ANNIVERSARY</u>	_____	_____				
GENDER Male or Female						
RELIGION						
MARITAL STATUS Single, Married, Divorced, Widowed						
LANGUAGES SPOKEN List First & Second Language						
SPECIAL NEEDS Describe						
OCCUPATION						
SCHOOL ATTENDING						
BAPTIZED	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
FIRST COMMUNION	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
CONFIRMATION	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

MARRIAGE
 Was your current marriage celebrated in the Catholic Church? YES NO N/A
 DATE: _____ MAIDEN NAME: _____

Registration includes permission to use your family photos in parish publications

Env: _____ ACSA: _____ PC: _____ Remove: _____