St. Francis de Sales Catholic Church Registration Form

FAMILY NAME:_____ **Phone**_____ **Today'S Date**_____

Address_____ **City/State**_____ **Zip**_____

Marital Status (check one): ☐ Church Marriage ☐ Civil Marriage ☐ Divorced ☐ Widowed ☐ Single **Marriage Date**_____

Parish & Address Previously Attended:_____

Family e-mail address_____

Cell Phone_____ **Cell Phone**_____

Member Name	**Date of Birth**			Religion *	Sex M/F	Baptized Y/N-Date	Church where Baptized	1st Comm Y/N-Date	Confirmed Y/N-Date	Occupation/Workplace **OR** School & Grade
	Mo	Day	Yr							

*C=Catholic; O=Other; N=None

Please mark the one Mass time that you most often attend: ☐ Sat. 5:00 p.m.; ☐Sun. 8:30 a.m.; ☐Sun. 11:00 a.m.

List any ministries that any family member would like to work with:_____

_____

List address of Church where baptisms occurred:_____

Maiden Name of Spouse_____