

ST. BRENDAN PARISH REGISTRATION FORM

Please print legibly

FOR OFFICE USE ONLY
ID # _____
Area _____
Date _____
Initials _____

Today's Date _____

Family Name (last) _____ (1st Adult) _____ (2nd Adult) _____

Street Address _____ P.O. Box # _____

City _____ State _____ ZIP _____ Phone (_____) _____ Unlisted: Y* N

Marital Status: Married _____ Catholic Ceremony _____ Single _____ Divorced _____ Separated _____ Widowed _____

Comments or remarks _____

* If "Yes" is circled, phone number will not be published

MEMBER INFORMATION	Adult	Adult	Child	Child	Child	Child	Additional Adult/Child
First Name/Nick Name							
Last Name (if different)							
Maiden Name							
Religion (if not Catholic)							
Disability							
Ethnicity							
Primary Language (if not English)							
Occupation							
Location (Job/School)							
Bus. Phone (w/area code)							
Birthdate							
Gender							
Highest Grade/Grade							

(Please see other side)

For the following, please circle one:		Yes – if sacrament has been received Here – if sacrament was received at St. Brendan			No – if sacrament has not been received Unknown – if no information is known of sacrament		
For the following, please provide:		Month / Date / Year – if known					
MEMBER INFORMATION (name)	ADULT	ADULT	CHILD	CHILD	CHILD	CHILD	Additional
Baptism Date	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
1 st Eucharist Date	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
Confirmation Date	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
Marriage Date	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
Penance Date	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /

