PARISHIONER FAMILY REGISTRATION FORM

Family Name (Last)	:								
Office Use (Received)		Parish SC	OFT				OSV		
Mailing Address:									
Address Line 2:									
City, St. Zip Code:									
Telephone # 1				Telephone # 2					
Email Address # 1				Email Address # 2					
Parent/Guardian/Head of Household Name: (Last, First, Middle, Sr/Jr/III)		Marital Status		Date of Birth (mm/dd/yyyy)		ligion	Baptized (Yes/No)	Communion (Yes/No)	Confirmed (Yes/No)
Children / Other Mo	embers:								