



# HOUSEHOLD REGISTRATION

TODAY'S DATE \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Primary Contact</b>	Name
	Email
	Cell Phone

<b>Secondary Contact</b>	Name
	Email
	Cell Phone

Interested in receiving information about:

SFA Day School

PSR Program

Primary Contact Phone listed in Parish Directory?  Y |  N

	Head of Household	Spouse	First Dependent	Second Dependent	Third Dependent	Fourth Dependent	Fifth Dependent
First Name							
Nickname							
Middle Name							
Maiden Name							
Date of Birth							
General Occupation							
Baptized Catholic	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Baptized Other	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Catholic Eucharist	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Catholic Confirmation	Y N	Y N	Y N	Y N	Y N	Y N	Y N

What way will you make your financial contributions to the parish?  Weekly Envelopes |  Online (Flexible Scheduled Payments)

<b>Marital Status</b>	<input type="checkbox"/> Single   <input type="checkbox"/> Married   <input type="checkbox"/> Widowed   <input type="checkbox"/> Divorced	<i>If Married:</i> Wedding Date _____
	<i>If Married in the Catholic Church:</i> Name of Church _____	City, State _____