



HOUSEHOLD REGISTRATION

TODAY'S DATE _____

Last Name _____

Home Phone _____

Street Address _____

City _____ Zip Code _____

Primary Contact	Name
	Email
	Cell Phone

Secondary Contact	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)

Marital Status	<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 _____