

ST. GREGORY THE GREAT CHURCH
Parish Registration Form

Family Information

FAMILY NAME:	Head of Household		Spouse	
	Last Name:		Last Name:	
	First Name:		First Name:	
FAMILY INFO:	Title (ex: Mr., Dr., etc.):	Suffix:	Title (ex: Mrs, Ms., Dr., etc.):	
	Date Registered:		Family Marital Status:	
	Street Address:			
	City:		Zip:	
	Home Phone:		Office Phone:	
	Cell Phone:		Email:	

Family Member Registration:

(Please enter individual information for each member of the family including head of household, spouse and children)

MEMBER DETAIL:	Last Name:		First Name:	
	Nickname:		Maiden Name:	
PERSONAL:	Relationship in the family: Head / Spouse / Child / Young Adult			Gender: Male / Female
	Grade / Degree:		Birth date:	
	Marital Status:		Religion:	
	Language(s):		Handicap:	
	Ethnicity:		Country of Descen t:(optional)	
	Occupation:		Place of work: (if child school attended):	
	SACRAMENTS:	Baptism : Y / N	1st Communion: Y / N	Confir mation: Y / N
Marriage: Y / N		Date:		

MEMBER DETAIL:	Last Name:		First Name:	
	Nickname:		Maiden Name:	
PERSONAL:	Relationship in the family: Head / Spouse / Child / Young Adult			Gender: Male / Female
	Grade / Degree:		Birth date:	
	Marital Status:		Religion:	
	Language(s):		Handicap:	
	Ethnicity:		Country of Descen t:(optional)	
	Occupation:		Place of work: (if child school attended):	
	SACRAMENTS:	Baptism : Y / N	1st Communion: Y / N	Confir mation: Y / N
Marriage: Y / N		Date:		

REMARKS: <i>(optional)</i>				
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Family Member Registration: (Page 2)

MEMBER DETAIL:	Last Name:		First Name:		
	Nickname:		Maiden Name:		
PERSONAL:	Relationship in the family: Head / Spouse / Child / Young Adult			Gender: Male / Female	
	Grade / Degree:		Birth date:		
	Marital Status:		Religion:		
	Language(s):		Handicap:		
	Ethnicity:		Country of Descen t:(optional)		
	Occupation:		Place of work: (if child school attended):		
SACRAMENTS:	Baptism : Y / N	1st Communion: Y / N	Confir mation: Y / N	Recon ciliation: Y / N	
	Marriage: Y / N		Date:		
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MEMBER DETAIL:	Last Name:		First Name:		
	Nickname:		Maiden Name:		
PERSONAL:	Relationship in the family: Head / Spouse / Child / Young Adult			Gender: Male / Female	
	Grade / Degree:		Birth date:		
	Marital Status:		Religion:		
	Language(s):		Handicap:		
	Ethnicity:		Country of Descen t:(optional)		
	Occupation:		Place of work: (if child school attended):		
SACRAMENTS:	Baptism : Y / N	1st Communion: Y / N	Confir mation: Y / N	Recon ciliation: Y / N	
	Marriage: Y / N		Date:		
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MEMBER DETAIL:	Last Name:		First Name:		
	Nickname:		Maiden Name:		
PERSONAL:	Relationship in the family: Head / Spouse / Child / Young Adult			Gender: Male / Female	
	Grade / Degree:		Birth date:		
	Marital Status:		Religion:		
	Language(s):		Handicap:		
	Ethnicity:		Country of Descen t:(optional)		
	Occupation:		Place of work: (if child school attended):		
SACRAMENTS:	Baptism : Y / N	1st Communion: Y / N	Confir mation: Y / N	Recon ciliation: Y / N	
	Marriage: Y / N		Date:		
TALENTS: (optional)	I would like to volunteer the following skills: (write nam e of family mem ber and skill)				
	I would like to volunteer for the following ministries: (write name of family member and ministry)				