PARISHIONER REGISTRATION

Household Information Last Name:				10144 42 nd Avenue Georgetown Twp MI 49428				
				Phone: 616	616-895-2247			
Street Address				Envelope : Date:		I INIVERSITY PARISH		
City	IN	State Zi	_	ORMAT	ION			
HEAD OF HOUSEHOLD				Spouse				
First	Middle	Goes by	— Fir	rst	ı	 Middle	Goes by	
Last Name	Maiden		La	st Name		Maiden		
Phone #	Email		Ph	one #	1	Email		
Birth Date	Male	_ Female	Biı	rth Date		Male	Female	
City & State Born:			Cit	ty & State Born	ı:			
	ed:		Od	ccupation/Retir	red:			
Place of work:				Place of work:				
Marital Status [M	Marital Status [circle one]				
Single Married	Separated Divorced/	Annulled Widowed	Sir	ngle Married	Separate	d Divorced/A	nnulled Widowed	
Sacramental In	formation		Sa	icramental Ir	ıformati	on		
Date of Marriage	[if applicable]		Da	Date of Marriage [if applicable]				
* Valid Catholic I	Marriage Yes N	No	*	* Valid Catholic Marriage Yes No				
Baptized Catholi	c: Date		Ва	aptized Cathol	lic: Date _			
-	if not Catholic			Denomination if not Catholic				
Not Baptized: Would you like to be Baptized:				Not Baptized: Would you like to be Baptized:				
Completed Sacraments				Completed Sacraments				
	munionConfir	mation		1 st Com	ımunion	Confir	mation	
J	y special activitie e to be involved v			lease list an ou would lik			s or ministries vith:	
Would you like our priest to contact you or need a pastoral visit?				Would you like our priest to contact you or need a pastoral visit?				
Do you have any special needs? If yes, what:				Do you have any special needs? If yes, what:				

DEPENDENT CHILDREN

Child Information

First Nan	ne	Middle	Last	Goes by
Boy	Girl	Date of Birth	_ City/State	
Grade	Schoo	ol District/Home Schooled		1st Language
Sacrame	nts: Is yo	ur child baptized Catholic?	Yes Date	No
	If no	t, would you like to be con	tacted?	
Baptized	at Church	n/City/State		
1st Comm	union/Re	econciliation: Date	Confirmation Date:_	
Does chil	d have an	y special needs, medical co	onditions, or circumstanc	es we should be aware of
Child In	formation	on		
First Nan		Middle	Last	Goes by
		Date of Birth		ř
		ol District/Home Schooled		
Sacrame		ur child baptized Catholic?		No
Rantized		t, would you like to be con 1/City/State		
Ist Comm	iunion/Re	econciliation: Date	Confirmation Date:_	
Does chil	d have an	y special needs, medical co	onditions, or circumstanc	es we should be aware o
Child In	formation	on		
First Nam	ne	Middle	 Last	Goes by
Boy	Girl	Date of Birth	_ City/State	
Grade	Schoo	ol District/Home Schooled		1st Language
		ur child baptized Catholic?		
		t, would you like to be con		
Baptized	at Churcl	n/City/State		
1st Comm	union/Re	econciliation: Date	Confirmation Date:_	
		y special needs, medical co		
DOG CIIII	a nave an	y special ficeus, filedical co	or circumstance	es we silould be await of