Mother of sorrows Parish Registration Form

Date_____

Envelope Number: _____
Family Last Name: _____
Title: _____ First Name: _____
Street Address: _____
PO Box: _____ City: _____ Zip: _____
Hm Ph: _____ Cell Ph: _____
Email: _____
Former Parish: _____
City & State: _____

MARITAL INFORMATION

Courthouse Marriage: Date_____
County_____

Ever Convalidated (Blessed in Church) ?
Give Date, Church, City/State, & Priest:
_____
_____
_____
_____

Traditional Church Marriage: Date_____
Catholic or other faith_____
Give Church, City/State & Priest or Minister:
_____
_____
_____

HOUSEHOLD TYPE

__2 Parents, w/ minor children
__Single Parent, w/ minor children
__Married, no children
__Family, w/ adult children at home
__2 or more adults, same residence
__Reside alone

___married, Both Rom.Cath.
___married, husband Rom.Cath.
___married, wife Rom.Cath.
___never married
___widowed
___separated
___divorced, Date_____

Under sacraments, list the year, name of church, city & state

Print full names as appear on Birth Certificate	Date of Birth	Religion	Baptism	1st Communion & 1st Penance	Confirmation
Husband/Father:					
His occupation:	Employer: _____		Work Phone: _____		
Wife / Mother:					
Her occupation:	Employer: _____		Work Phone: _____		

Under sacraments, list the year, name of church, city & state

Children	Sex	Date of Birth	Age as of today	Grade in sch	Baptism	1st Communion Yes / No 1st Penance Yes/ No	Confirmation Yes / No
Example: Mary Jane Doe	F	1/ 2/ 2000	7	2nd	2002, St Joseph Catholic Middleton, MO	No No	No