



Date: _____

Parishioner #: _____

Last Name: _____ First Name (s): _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ His Cell Phone: _____

Family Email: _____ Her Cell Phone: _____

Permission To Publish: Address Phone #'s Email Addresses in Parish Directory Emergency Contact: _____

Preferred Method of Contact: Home Cell Text Email Emergency Phone: _____

INDIVIDUAL MEMBER INFORMATION

First Name: _____

Maiden: _____ Maiden: _____

Date of Birth, Gender: mm / dd / yyyy Male Female mm / dd / yyyy Male Female

First Language: _____

Parish Status: Active Inactive Active Inactive

Role: Husband Wife Head of Household etc. Husband Wife Head of Household etc.

Occupation: _____

Employer: _____

Work Phone, Cell Phone: Work Phone Cell Phone Work Phone Cell Phone

Email: _____

Sacramental Info: Baptized? Yes No Catholic? Yes No Baptized? Yes No Catholic? Yes No

Reconciliation First Eucharist Confirmed Reconciliation First Eucharist Confirmed

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Marital Status: (Single, Married, _____ Valid Catholic Marriage? Yes No

Widowed, Separated, Divorced, _____ Wedding Date: _____

Annulled) _____ Married By: Priest Deacon

Use back of card for additional comments if needed

DEPENDENT CHILDREN INFORMATION

| Others Living In Home | | Date of Birth | | | | Sacraments Recd. | | | | School Attending | | | Attending PSR | | |
|-----------------------|----|---------------|----|-----|-----|------------------|------|-----|----|------------------|--|--|---------------|--|--|
| SEX | MO | DAY | YR | BAP | REC | EUC | CONF | YES | NO | GRD | | | | | |
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