

Family Last Name: _____
Mailing Name (ie Mr. & Mrs. John Doe) _____
Address: _____
City: _____ State: _____ Zip: _____

First Name(s) _____
Primary: _____
Secondary: _____
Phone # (____) _____
Emerg. #: (____) _____

SFC School Family: Yes or No

Env. #: _____
Office Use Only

Primary Member

Individual Member Information

Secondary Member

Mr. Ms. Mrs. Dr. Other: _____ (choose one)
First Name: _____
Nick Name: _____
 Husband Wife Other: _____ (choose one)
Male or Female (circle one) DOB (mm/dd/yyyy): _____
Occupation: _____
Email: _____
Work Phone #: _____
Cell Phone #: _____
Sacramental Info: Catholic Other: _____
Baptized Reconcil First Eucharist Confirmed

Mr. Ms. Mrs. Dr. Other: _____ (choose one)
First Name: _____
Nick Name: _____
 Husband Wife Other: _____ (choose one)
Male or Female (circle one) DOB (mm/dd/yyyy): _____
Occupation: _____
Email: _____
Work Phone #: _____
Cell Phone #: _____
Sacramental Info: Catholic Other: _____
Baptized Reconcil First Eucharist Confirmed

Marital Status: Single Married Separated Divorced Annulled Other: _____
Valid Catholic Marriage: Yes No

Dependent Children Information
(Relation to Primary Member)

Relation (Son, Daughter, Step, Etc.)	First Name	Last Name	Date of Birth/Place of Birth
1. _____	_____	_____	____/____/____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
2. _____	_____	_____	____/____/____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
3. _____	_____	_____	____/____/____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			
4. _____	_____	_____	____/____/____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation Add dates of Sacraments if known:			

Please fill out both sides of form.

Dependent Children Information
(Relation to Primary Member)

5. _____	/	_____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
Add dates of Sacraments if known: _____		

6. _____	/	_____
Check if Sacraments received. <input type="checkbox"/> Catholic <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
Add dates of Sacraments if known: _____		

Other Adults Living in Your Home

Relation	First Name	Last Name	Place & Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MINISTRY AND VOLUNTEER OPPORTUNITIES

Please check any and all ministries and/or volunteer opportunities that you or any member of your family may be interested in. We wish to involve as many members as possible in active, meaningful service to our parish community and we appreciate your participation.

Liturgy

- Altar Servers Altar Society Eucharistic Ministers Evangelization Committee Home Ministries
 Lector Liturgy Committee Usher Other: _____

Name of person interested in ministry above: _____

Spiritual Enrichment

- Adoration Chapel Alpha Cursillo Legion of Mary Marriage Enrichment/Date Night
 Marriage Preparation RCIA (Rite of Christian Initiation) Religious Ed & Youth Ministry Scripture Study
 Other: _____

Name of person interested in ministry above: _____

Parish Life

- Assyrian Catholic Community Bingo Fiesta Greeters ICF (Italian Catholic Federation)
 Knights of Columbus Ladies League Men's Club MCO (Mexican Catholic Organization)
 Prayer Shawl Ministry St. Vincent De Paul Other: _____

Name of person interested in ministry above: _____

Are there any members in your household who would like to be visited by a priest? _____