



HOLY ANGELS CHURCH REGISTRATION

Date: _____

Family Last Name _____

Title (circle if used): Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Other _____

Marital Status: Married Single Divorced Widowed Other _____

Suffix (circle if used): Jr. Sr. II III Other _____

Wife's Maiden Name _____

Residential Address _____ Box # _____

City/State _____ Zip _____

Home Phone (_____) _____ Unlisted - Y N

Cell Phone (His) (_____) _____ Cell phone (Hers) (_____) _____

Email Address _____ (we promise to use sparingly)

	HEAD OF HOUSEHOLD	SPOUSE
FIRST NAME		
NICK NAME *		
GENDER	M F	M F
BIRTH DATE *		
RELIGION		
OCCUPATION		
EMPLOYER *		
WORK PHONE		
DISABILITIES *		
ETHNICITY *		
LANGUAGE *		
BAPTISM	Y N	Y N
1ST EUCHARIST	Y N	Y N
CONFIRMATION	Y N	Y N
MARRIAGE DATE		

REMARKS: _____

OTHER MEMBERS OF THIS HOUSEHOLD ON REVERSE PAGE.

LIST MINISTRIES ON OTHER SIDE.

* OPTIONAL

OFFICE USE

ENV. # _____

POSTED _____

