

	St Anne Parish Medical Lake WA
Parish ID#	Parish Name/City

Reg Date:	
PS Family ID #:	
Diocesan ID #:	
Envelope #:	

# FAMILY REGISTRATION FORM

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Home Address:  City:  State:  Zip:

Mailing Address (ie: PO Box):  City:  State:  Zip:

Other Address (ie: Snowbirds):

Family Status: Active  Inactive  Home Phone

Previous Parish  Emergency Phone:

## Individual Member Information

	MALE ADULT	FEMALE ADULT
<small>(Head of Household, Role: Husband, Wife, etc.)</small>	<input type="text"/>	<input type="text"/>
First Name/Nickname:	<input type="text"/>	<input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>
Special Needs:	<input type="text"/>	<input type="text"/>
1 <sup>st</sup> Language/2 <sup>nd</sup> Language:	<input type="text"/>	<input type="text"/>
Ethnic Origin:	<input type="text"/>	<input type="text"/>
School:	<input type="text"/>	<input type="text"/>
Education Level:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Employer:	<input type="text"/>	<input type="text"/>
Work Phone:	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Sacramental Info:	Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>	Catholic <input type="checkbox"/> RCIA <input type="checkbox"/> <input type="text"/>
	If Other Religion _____	If Other Religion _____
	Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>
Marital Status (Circle One):	Single, Married, Separated, Divorced, Widowed	Single, Married, Separated, Divorced, Widowed
Married by Priest/Deacon? <input type="checkbox"/>	Wedding Date: <input type="text"/>	Maiden Name: <input type="text"/>
Celebrant Name: <input type="text"/>	Place/Church <input type="text"/>	City/State: <input type="text"/>

## Additional Family Members/Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother, etc.)</small>	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Special Needs (Allergies, Handicaps, etc.)		<input type="text"/>		<input type="text"/>		
	Check if Sacrament Received.		Catholic? <input type="checkbox"/>	Baptism <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
	Add Date if known.		<input type="text"/>	<input type="text"/>	<input type="text"/>		
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Special Needs (Allergies, Handicaps, etc.)		<input type="text"/>		<input type="text"/>		
	Check if Sacrament Received.		Catholic? <input type="checkbox"/>	Baptism <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
	Add Date if known.		<input type="text"/>	<input type="text"/>	<input type="text"/>		