

**OUR SAVIOUR’S CATHOLIC COMMUNITY**

***(Please complete form and turn into the office.)***

Registration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Envelope#\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Male Head of Household Information** Cell Phone: | | | | | | | | | **Female Head of Household Information** Cell Phone: | | | | | |
| Last Name: First Name: | | | | | | | | | Last Name: First Name: | | | | | |
| Title: (e.g. Mr., Mrs., Dr.) Nickname: | | | | | | | | | Title: (e.g. Mrs. Ms. Dr.) Maiden Name: | | | | | |
| Birthdate: | | | | | | | | | Birthdate: Nickname: | | | | | |
| Occupation: | | | | | | | | | Occupation: | | | | | |
| Religion: | | | | | | | | | Religion: | | | | | |
| **Sacraments:** : Baptism  1st Communion  Confirmation  | | | | | | | | | **Sacraments**: Baptism  1st Communion  Confirmation  | | | | | |
| **Marital Status** (check): Married  Date of Marriage: Single  Separated  Divorced  Annulled  Widowed  | | | | | | | | | | | | | | |
| Married in Catholic Church  Married Civilly  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **FAMILY INFORMATION** | | | | | | | | | | | | | | |
| Street Address: Permanent:  Seasonal:  from:\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | | |
| Home Phone: | | | | | | | | | | | | | | |
| Family Email Address(es): | | | | | | | | | | | | | | |
| Family Mailing Address (if different than street address above):  (Children over the age of 21 should have their own registration card.) | | | | | | | | | | | | | | |
| **FAMILY MEMBER INFORMATION** | | | | | | | | | | | | | | |
| Children at Home  First Name | Last Name  (If different) | Sex  M/F | | Birthdate | Relationship  (son,daughter,niece,etc.) | | | Religion | | | Baptized | First Communion | Confirmation | Name of School Attending |
| 1) |  |  | |  |  | | |  | | | Y N | Y N | Y N |  |
| 2) |  |  | |  |  | | |  | | | Y N | Y N | Y N |  |
| 3) |  |  | |  |  | | |  | | | Y N | Y N | Y N |  |
| 4) |  |  | |  |  | | |  | | | Y N | Y N | Y N |  |
| 5) |  |  | |  |  | | |  | | | Y N | Y N | Y N |  |
| Others at Home  (e.g.adult children, Grandparents, etc.) | First Name | | Last Name | | | Sex M/F | Birthdate | | | Relationship | | School/College/Occupation | | |
|  | |  | | |  |  | | |  | |  | | |
|  | |  | | |  |  | | |  | |  | | |
|  | |  | | |  |  | | |  | |  | | |
| Does anyone in your household have special needs? Yes  No  | | | | | | | | | | | | | |
| Emergency Contact and Phone Number: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |