

OFFICE USE ONLY

St. Blase Parish Registration Form

ENV No. _____ PS: _____ OSV: _____

OCN: _____ Email: _____ CSA: _____

Welcome Packet Mailed: _____

Today's Date _____

Primary Phone #: _____ Unlisted Phone Number? Yes or No

Address: _____
(House Number) (Street) (City) (State) (Zip)

Primary E-mail Address: _____

If **SINGLE**, please complete this section:

Circle one, please: Single Widowed Divorced Separated Birth Date: _____ Male Female

Name: _____ Occupation: _____
(First) (Middle) (Last)

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Cell Phone #: _____ Primary E-mail Address: _____

If **MARRIED**, please complete this section:

Husband's Name: _____ Birth Date: _____
(First) (Last)

Cell Phone #: _____ Primary E-mail Address: _____ Occupation: _____

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Wife's Name: _____ Birth Date: _____
(First) (Last) (Maiden Name)

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Cell Phone #: _____ Primary E-mail Address: _____ Occupation: _____

Marriage Data: _____
(Date) (Church/Place) (City/State) (Officiator)

CHILDREN INFORMATION:

Please list ONLY those children living in your household that are under 21 years old. Adult children or other adults that are living in your household need to register on a separate form of their own.

CHILD-1:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Male Female

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Other Information: _____

CHILD-2:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Male Female

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Other Information: _____

CHILD-3:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Male Female

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Other Information: _____

CHILD-4:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Male Female

Sacraments: Baptism? Yes or No First Communion? Yes or No Confirmation? Yes or No Religion: _____

Other Information: _____

Are there any special needs or requirements for you or a family member? _____

Please contact me regarding: _____