

St. Philip Neri Catholic Church

Parish Registration

Date: _____

Office Use Only	
Env. No. _____	SK <input type="checkbox"/>
Area Code _____	OSV <input type="checkbox"/>
	EM <input type="checkbox"/>

<u>Family Information</u>	Last Name _____	Street Address _____	City _____	State _____	Zip _____
	Mailing Address (if different) _____	Neighborhood or Subdivision _____			

Head of Household
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____
If married, date: _____
Miss Ms. Mrs. Mr. Dr. <i>(circle one)</i>
_____ Last Name
_____ First Name
_____ Preferred Name
_____ Date of Birth
_____ Occupation
_____ Religion
_____ Phone Number
@ _____ Email Address

Spouse
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____
If married, date: _____
Miss Ms. Mrs. Mr. Dr. <i>(circle one)</i>
_____ Last Name
_____ First Name
_____ Preferred Name
_____ Date of Birth
_____ Occupation
_____ Religion
_____ Phone Number
@ _____ Email Address

Child (who lives with you)
<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Last Name
_____ First Name
_____ Preferred Name
_____ Date of Birth
_____ School Grade
_____ School Attending
_____ Religion
Sacraments Received:
<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____
<input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation

Child (who lives with you)
<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Last Name
_____ First Name
_____ Preferred Name
_____ Date of Birth
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