St. Philip Neri Catholic Church

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		P	ar	ish	R	eg	istı	ati	ion

Date: _____

Office Use Only		
Env. No	SK OSV EM	

\underline{Family} Last Name Information	Street	Address	City St.	ate Zip		
	1 (:(1:((,)					
Mailing Add	lress (if different)		Neighborhood or Subdivision			
Head of Household	Spouse	Child	Child	Child		
□ Male □ Female	□ Male □ Female	(who lives with you)	(who lives with you)	(who lives with you)		
□ Single □ Married □ Divorced □ Widowed □ Other:	□ Single □ Married □ Divorced □ Widowed □ Other:	□ Male □ Female	□ Male □ Female	□ Male □ Female		
If married, date:	If married, date:	Last Name	Last Name	Last Name		
Miss Ms. Mrs. Mr. Dr. (circle one)	Miss Ms. Mrs. Mr. Dr. (circle one)					
(**************************************	(First Name	First Name	First Name		
Last Name	Last Name					
		Preferred Name	Preferred Name	Preferred Name		
First Name	First Name					
		Date of Birth	Date of Birth	Date of Birth		
Preferred Name	Preferred Name					
		School Grade	School Grade	School Grade		
Date of Birth	Date of Birth					
		School Attending	School Attending	School Attending		
Occupation	Occupation					
Religion	Religion	Religion	Religion	Religion		
8	8	Sacraments Received:	Sacraments Received:	Sacraments Received:		
Phone Number	Phone Number	□ Baptism □ Catholic □ Other:	□ Baptism □ Catholic □ Other:	□ Baptism □ Catholic □ Other:		
@Email Address	@ Email Address	□ First Eucharist □ Confirmation	☐ First Eucharist☐ Confirmation	☐ First Eucharist☐ Confirmation☐		