# ST. MADELEINE SOPHIE CATHOLIC CHURCH

**Please print in black or type**

## Parish Registration Card (Rev. 2001)

Envelope # _____

Date First Registered _____

Today's Date _____

Family Name_____ Marital Status (Circle One) Single Married Widowed Separated Divorced

Home Address_____City_____ Zip Code_____-_____ Phone: (_____)-_____-_____
Unlisted? Yes_____ No_____

Mailing Address_____City_____Zip Code_____-_____ **E-mail Address**_____
(Plus 4) **(If you want contact thru E-Mail rather than reg. Mail)**

| | Male<br>Mr. Dr. | Female<br>Ms. Mrs. Miss Dr. | Male / Female<br>Child | Male / Female<br>Child | Male / Female<br>Child | Male / Female<br>Child | Child or other<br>in Residence |
|---|---|---|---|---|---|---|---|
| Full First Name | | | | | | | |
| Middle Name | | | | | | | |
| Name you go by /Nickname | | | | | | | |
| Maiden Name | | | | | | | |
| Last Name if different | | | | | | | |
| Birth Date (M/D/Y) | / / | / / | / / | / / | / / | / / | / / |
| Religion | | | | | | | |
| Physically Disabled | | | | | | | |
| Languages Spoken | | | | | | | |
| Ethnicity | | | | | | | |
| Occupation /Employer<br>(If a Student, Name School Attending) | | | | | | | |
| Business Phone | | | | | | | |
| Baptism (Yes/No/Date) | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / |
| 1st Communion (Yes/No/Date) | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / |
| Confirmation (Yes/No/Date) | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / | Y N / / |

Marriage Date _____ By a priest? _____Yes_____No Other? _____
Month / Day / Year