

**ST. MADELEINE SOPHIE CATHOLIC CHURCH**  
**Parish Registration Card** (Rev. 2001)

Please print in black or type

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 (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 (Plus 4)

	Male Mr.    Dr.	Female Ms. Mrs. Miss Dr.	Male / Female Child	Male / Female Child	Male / Female Child	Male / Female Child	Child or other in Residence
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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 \_\_\_\_\_

Business Phone \_\_\_\_\_

Baptism (Yes/No/Date)            Y N / /    Y N / /    Y N / /    Y N / /    Y N / /    Y N / /    Y N / /

1<sup>st</sup> 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