

St. James the Apostle Catholic Church
Family Registration Form

Family Registration			
Family ID #:		Today's Date: ___/___/___	
Family Name:			
Head:	Last: _____	First: _____	Title: _____
Spouse:	Last: _____	First: _____	Title: _____
Street Address Line 1: _____		Street City/State: _____	
Street Address Line 2: _____		Street Zip: _____	
Geo. Area Number: _____	Registered: _____	Family Status: _____	
Phone: _____	Description: Home/Office/Cell/Other _____	Unlisted? Yes/No _____	
Phone: _____	Description: Home/Office/Cell/Other _____	Unlisted? Yes/No _____	
Email: _____	Send Email? _____	Parish: _____	
Mailing Address: (if different)		City/State: _____	
Line 1: _____		Zip: _____	
Line 2: _____			
Member Registration			
Member Name:			
Last Name: _____	First Name: _____	Middle: _____	
Nickname: _____	Title: _____	Suffix: _____	
Maiden Name: _____			
Personal Information:		Relationship: _____	Type: _____
Grade/Degree: _____	Gender: _____	Marital Status: _____	
Language: _____	Ethnicity: _____	Birthdate: _____	
Religion: _____	Disability: _____	Occupation: _____	
Location: _____			
Phone: _____	Type: _____	Unl: Y/N _____	Email: _____
		Type: _____	Prefer Email? Y/N _____
Birthplace:			
Father: _____		Mother: _____	
		Maiden Name: _____	
Baptism:	Name/Extra Info: _____	Date: _____	Status: Approx. / Yes / No _____
Performed by: _____		Church Name: _____	
Confirm:	Name/Extra Info: _____	Date: _____	Status: Approx. / Yes / No _____
Performed by: _____		Church Name: _____	
Marriage:	Name/Extra Info: _____	Date: _____	Status: Approx. / Yes / No _____
Performed by: _____		Church Name: _____	
1st Comm:	Name/Extra Info: _____	Date: _____	Status: Approx. / Yes / No _____
Performed by: _____		Church Name: _____	
Penance:	Name/Extra Info: _____	Date: _____	Status: Approx. / Yes / No _____
Performed by: _____		Church Name: _____	
Member Registration			
Member Name:			
Last Name: _____	First Name: _____	Middle: _____	
Nickname: _____	Title: _____	Suffix: _____	
Maiden Name: _____			
Personal Information:		Relationship: _____	Type: _____
Grade/Degree: _____	Gender: _____	Marital Status: _____	
Language: _____	Ethnicity: _____	Birthdate: _____	
Religion: _____	Disability: _____	Occupation: _____	
Location: _____			
Phone: _____	Type: _____	Unl: Y/N _____	Email: _____
		Type: _____	Prefer Email? Y/N _____

Children:

Name(s)	Date of Birth	M/F	Religion	Baptism	First Communion	Confirmation