

# St Michael Parish Family Registration

Reg Date: / /

100 St Michael Pl, Vicksburg, MS 39180 (601) 636-3445

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address:  Add2:

City:  State:  Zip:  -

AreaCode:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email:  Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></div>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced, Annulled)</i> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> / / <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input checked="" type="checkbox"/>	Reconciliation <input checked="" type="checkbox"/>	Confirmation <input type="checkbox"/>	
2.		<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input checked="" type="checkbox"/>	Eucharist <input checked="" type="checkbox"/>	Reconciliation <input checked="" type="checkbox"/>	Confirmation <input type="checkbox"/>	
3.		<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.