

St. Monica Catholic Parish Registration

Date Registered _____
Envelope Number _____

Last Name _____, Mr _____ Mrs/Miss/Ms _____

Postal Address _____ City _____ Zip _____
Street Address (if different) _____
E-Mail Address _____

Home Phone _____ Listed? _____ Work Phones: Mr _____ Ms _____
Cell Phones: Mr _____ Ms _____

Housing Addition (if applicable) _____

Heads of Household:

List Children (or other dependents) living at home. Attach additional pages as needed:

| | Male | Female | 1 | 2 | 3 | 4 |
|------------------------|-----------|------------|------------------------|-------|-------|-------|
| Name | _____ | _____ | _____ | _____ | _____ | _____ |
| Surname/Maiden | _____ | _____ | _____ | _____ | _____ | _____ |
| Gender | _____ | _____ | _____ | _____ | _____ | _____ |
| Birthdate | _____ | _____ | _____ | _____ | _____ | _____ |
| Handicap | _____ | _____ | _____ | _____ | _____ | _____ |
| Religion | _____ | _____ | _____ | _____ | _____ | _____ |
| Languages | _____ | _____ | _____ | _____ | _____ | _____ |
| School | _____ | _____ | _____ | _____ | _____ | _____ |
| Grade | _____ | _____ | _____ | _____ | _____ | _____ |
| Baptized? | _____ | _____ | _____ | _____ | _____ | _____ |
| Penance? | _____ | _____ | _____ | _____ | _____ | _____ |
| Communion? | _____ | _____ | _____ | _____ | _____ | _____ |
| Confirmed? | _____ | _____ | _____ | _____ | _____ | _____ |
| Married in the Church? | _____ | _____ | Date of Marriage _____ | | | |
| Job: | His _____ | Hers _____ | | | | |
| Workplace: | His _____ | Hers _____ | | | | |