

St. Edward Parish Registration Form

Please print this form, fill it out, and bring to church or mail it in.

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone # (not in home): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Head of Household First Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Religion: \_\_\_\_\_ Convert? Yes or No  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation  
Marital Status: \_\_ Single \_\_ Married \_\_ Widowed \_\_ Divorced

Spouse First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
M F Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Religion: \_\_\_\_\_ Convert? Yes or No  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation  
Marital Status: \_\_ Single \_\_ Married \_\_ Widowed \_\_ Divorced

Church Approved marriage? Yes or No Date & Place: \_\_\_\_\_

Children In Home:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F  
Place of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F  
Place of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F  
Place of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F  
Place of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sacraments Received: \_\_ Baptism \_\_ Communion \_\_ Confirmation