

FAMILY REGISTRATION

ID/Env. #:

Head of Household:

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Spouse:

Last Name: _____

First Name: _____

Title: _____

Registered: _____

Family Status: _____

Street Address: _____

City/State: _____ Zip: _____

Phone Number Description Unlisted

_____ Home/Office/Cell/Other Yes/No

_____ Home/Office/Cell/Other Yes/No

Email: _____ Send Email when possible? Yes/No

MEMBER INFORMATION

(Please complete this information for each family member.)

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Maiden Name: _____

Title: _____

Suffix: _____

Relationship: _____ Type: Head/Spouse/Adult/Young Adult/Child/Other

Grade/Degree: _____ Gender: Male/Female

Marital Status: _____ Birthdate: ____/____/____

Language: _____ Ethnicity: _____

Religion: _____ Handicap: _____

Occupation: _____

Phone: _____ **Type:** Home/Office/Cell/Other **Unlisted?** Yes/No

Phone: _____ **Type:** Home/Office/Cell/Other **Unlisted?** Yes/No

Email: _____ **Type:** Home/Office/Cell/Other

Birthplace: _____ Father: _____

Mother: _____ Mother's Maiden Name: _____

Baptism

Baptism Name: _____ Date: ____/____/____

Status: Approximate/ Yes/ No/ Unsure Performed by: _____

Church Name: _____

Church Address: _____

Sponsor(s): _____

(Continued on next page)

Confirmation:

Confirmation Name: _____ Date: ____/____/____

Status: Approximate / Yes / No / Unsure Performed by: _____

Church Name: _____

Church Address: _____

Sponsor(s): _____

Marriage:

Spouse Name: _____

Date: ____/____/____ Status: Approximate / Yes / No / Unsure

Performed by: _____

Church Name: _____

Church Address: _____

Witnesses: _____

1st Communion:

Date: ____/____/____ Status: Approximate / Yes / No / Unsure

Performed by: _____

Church Name: _____

Church Address: _____

Sponsor(s) _____

Penance:

Date: ____/____/____ Status: Approximate / Yes / No / Unsure

Performed by: _____

Church Name: _____

Church Address: _____

Witness(es): _____

I would like to volunteer the following skills: _____

I would like to volunteer for the following ministries: _____

Please send this form to us by e-mail at stjosephbcm@att.net; mail at 1005 Third Street, Bay City MI 48708; place in the collection basket at weekend Mass; or bring it to the Rectory Office.