ST. JANE FRANCES CHURCH REGISTRATION/HOUSEHOLD INFORMATION UPDATE

HC	OUSEHOLD INFORMATION	** PLEASE COMPLETE ALL INFORMATION	
Home Address:			
Pos	tal Code:	Home Phone:	
PRIMARY CONTACTS			
1.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Religion: ☐ Roman Catholic ☐ Other:	
	Cell Phone:	Email:	
	Occupation:		
If m	arried, were you married in the Catholic Church? Yes ()	No () Date of Marriage: MM DD YY	
If YES, name of Church:		City / Country:	
First and Last Name of Husband / Wife:			
Do	you use Sunday Envelopes? Yes () No ()	If NO, would you like a box of envelopes? Yes () No ()	
2.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Religion: Roman Catholic Other:	
	Cell Phone:	Email:	
	Occupation:		
Mar	Marital Status: Never Married □ Married □ Widowed □ Separated/Divorced □		
If married, were you married in the Catholic Church? Yes () No () Date of Marriage: MM DD YY			
If YES, name of Church: City / Country:			
First and Last Name of Husband / Wife:			
Do you use Sunday Envelopes? Yes () No () If NO, would you like a box of envelopes? Yes () No ()			
	ILDREN (must reside at same address as primary and se	I	
1.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Sacraments Received: Baptism / Communion / Confirmation	
	Grade:	School:	
2.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Sacraments Received: Baptism / Communion / Confirmation	
	Grade:	School:	
3.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Sacraments Received: Baptism / Communion / Confirmation	
	Grade:	School:	
4.	FIRST Name:	LAST Name:	
	Date of Birth: MM DD YY	Sacraments Received: Baptism / Communion / Confirmation	
	Grade:	School:	