

Ss. Robert & William Catholic Parish Registration Form Date of Registration: _____

Family Name: _____ Salutation: Mr & Mrs./Mr./Ms./Miss/_____

House Number: _____ Street Name: _____ Apt# _____

City: _____ State: _____ Zip: _____ Phone: _____ UL

EMAIL: _____

Adults Living at Home

Name: _____

Cell Phone: _____

Birth date: _____ M F

Maiden Name: _____

Marital Status: _____

Religion: _____

Employer: _____

Occupation: _____

Baptized: Communion: Confirmation:

Church of Baptism: _____

City: _____ State: _____

Married: Date: _____

Church of Place of Marriage: _____

City: _____ State: _____

Divorced Annulment Validated

Children Living at Home

Name: _____

Birth date: _____ M F

Religion: _____

School: _____ Grade: _____

Baptized: Communion: Confirmation:

Church of Baptism: _____

City: _____ State: _____

Adults Living at Home

Name: _____

Cell Phone: _____

Birth date: _____ M F

Maiden Name: _____

Marital Status: _____

Religion: _____

Employer: _____

Occupation: _____

Baptized: Communion: Confirmation:

Church of Baptism: _____

City: _____ State: _____

Married: Date: _____

Church of Place of Marriage: _____

City: _____ State: _____

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Birth date: _____ M F

Religion: _____

School: _____ Grade: _____

Baptized: Communion: Confirmation:

Church of Baptism: _____

City: _____ State: _____

Special Needs or anything the Parish Staff Should Know: _____

Children Living at Home

Name: _____

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Religion: _____

School: _____ Grade: _____

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Cell Phone: _____

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Occupation: _____

Baptized: Communion: Confirmation:

Church of Baptism: _____

City: _____ State: _____

Married: Date: _____

Church of Place of Marriage: _____

City: _____ State: _____

Divorced Annulment Validated