

S.S. Brendan and Jude Parish  
Family Blank Registration Form

Member Registration (member: _____ for family: _____ )													
<b>Member Detail:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Last Name: _____                      First Name: _____  <small>Smith</small>                      Nickname: _____  <small>John</small>                      Maiden Name: _____  <small>Smith</small>                      Title: _____                      Suffix: _____                 </td> <td style="width: 50%; border: none; vertical-align: top;"> <b>Name Formats Used in Mailings:</b>                      Mailing Name: _____ <small>(e.g., Mr. John)</small>                      Informal Salutation: _____ <small>(e.g.,</small>                      Formal Salutation: _____ <small>(e.g., Mr.</small> </td> </tr> </table>	Last Name: _____ First Name: _____ <small>Smith</small> Nickname: _____ <small>John</small> Maiden Name: _____ <small>Smith</small> Title: _____ Suffix: _____	<b>Name Formats Used in Mailings:</b> Mailing Name: _____ <small>(e.g., Mr. John)</small> Informal Salutation: _____ <small>(e.g.,</small> Formal Salutation: _____ <small>(e.g., Mr.</small>										
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<b>Personal:</b>	Relationship: <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Adult <input type="checkbox"/> Young Adult <input type="checkbox"/> Child <input type="checkbox"/> Other Grade/Degree: _____      Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____ Language: _____      Ethnicity: _____ Religion: _____      Disability: _____ Occupation: _____      School: _____ Receives Separate Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No      District: _____ Location: _____												
<b>Phone/Email:</b>	<table style="width: 100%; border: none;"> <tr> <th style="width: 50%; text-align: left;">Phone Number (including area code)</th> <th style="width: 30%; text-align: left;">Description</th> <th style="width: 20%; text-align: left;">Unlisted?</th> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Home   <input type="checkbox"/> Office   <input type="checkbox"/> Cell   <input type="checkbox"/> Other</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Home   <input type="checkbox"/> Office   <input type="checkbox"/> Cell   <input type="checkbox"/> Other</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td>Email: _____</td> <td colspan="2">Send Email when possible?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> </table>	Phone Number (including area code)	Description	Unlisted?	_____	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____	Send Email when possible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Sacraments</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Birthplace: _____                      _____                      _____                 </td> <td style="width: 50%; border: none;">                     Birth Father: _____                      Birth Mother: _____                      Mother's Maiden Name: _____                 </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <b>Baptism:</b>      Baptismal Name: _____                      Date: ____/____/____      Status:   <input type="checkbox"/> Approximate   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure                      Performed by: _____                      Church Name: _____                      Church Address: _____                      _____                      Sponsor(s): _____                 </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <b>Confirmation:</b>      Confirmation Name: _____                      _____                      Date: ____/____/____      Status:   <input type="checkbox"/> Approximate   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure                      Performed by: _____                      Church Name: _____                      Church Address: _____                      _____                      Sponsor(s): _____                 </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <b>Reconciliation:</b>      Date: ____/____/____      Status:   <input type="checkbox"/> Approximate   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure                      Performed by: _____                      Church Name: _____                      Church Address: _____                      _____                 </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <b>1<sup>st</sup> Communion:</b>      Date: ____/____/____      Status:   <input type="checkbox"/> Approximate   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure                      Performed by: _____                      Church Name: _____                      Church Address: _____                      _____                      Sponsor(s): _____                 </td> </tr> </table>	Birthplace: _____ _____ _____	Birth Father: _____ Birth Mother: _____ Mother's Maiden Name: _____	<b>Baptism:</b> Baptismal Name: _____ Date: ____/____/____      Status: <input type="checkbox"/> Approximate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Performed by: _____ Church Name: _____ Church Address: _____ _____ Sponsor(s): _____		<b>Confirmation:</b> Confirmation Name: _____ _____ Date: ____/____/____      Status: <input type="checkbox"/> Approximate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Performed by: _____ Church Name: _____ Church Address: _____ _____ Sponsor(s): _____		<b>Reconciliation:</b> Date: ____/____/____      Status: <input type="checkbox"/> Approximate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Performed by: _____ Church Name: _____ Church Address: _____ _____		<b>1<sup>st</sup> Communion:</b> Date: ____/____/____      Status: <input type="checkbox"/> Approximate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Performed by: _____ Church Name: _____ Church Address: _____ _____ Sponsor(s): _____			
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<b>Remarks:</b>																			

S.S. Brendan and Jude Parish  
Family Blank Registration Form

Member Registration

(member: \_\_\_\_\_ for family: \_\_\_\_\_)

**Marriage:**

Name of Spouse: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Status:  Approximate  Yes  No  Unsure  Annulled

Performed by: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

\_\_\_\_\_

Witness(es): \_\_\_\_\_

**Talents:**

I would like to volunteer the following skills: \_\_\_\_\_

\_\_\_\_\_

**Ministries:**

I would like to volunteer for the following ministries: \_\_\_\_\_

\_\_\_\_\_