



REGISTRATION

Please Print:

_____ **Yes** **No**
(Name) (Date of Birth – month/day) Catholic?

_____ **Yes** **No**
(Name of Spouse) (Date of Birth – month/day) Catholic?

(Address: Number and Street)

(Address: City, State, Zip)

(Telephone: Home)

(Work)

(Cell)

Yes **No**

(Married by Priest/Deacon?)

(Date of Marriage)

First name (and last if different than yours) and date of birth of Children:

Mailing Address:

(Number and Street)

(City, State, Zip)