ST. GERALD PARISH REGISTRATION FORM

Date Registered: _____

Envelope Number: _____

PLEASE PRINT INFORMATION

FAMILY INFORMATION

Family Last Name: _____

First Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Family Email: _____ Family Phone Number: _____

INDIVIDUAL MEMBER INFORMATION

Head/First Name: _____ Nickname: _____

Gender: Male / Female *(circle one)* Date of Birth: _____

Email: _____ Cell phone number: _____

Occupation/Employer:_____

Spouse/First Name: _____ Maiden Name: _____ Nickname: _____

Gender: Male / Female (*circle one)* Date of Birth: _____

Email: _____ Cell phone number: _____

Occupation/Employer: _____

Language spoken at home: _____

Marital Status: Single Widow Widower Separated Divorced *(circle one)*

DEPENDENT CHILDREN LIVING AT HOME

(*check sacraments each child has received)*

First Name	Last Name	Rel. Ed. Grade	Son/Daughter	Date of Birth	Baptism	First Communion	Confirmation