St Stanislaus Parish

Family Registration

W1888 Hofa Park Dr, Seymour, WI 54165 (920) 822-5512

Reg Date: / /

Last Name: **First Name(s):**

Mailing Name (ie Mr. & Mrs. John Doe)

Address: **Add2:**

City: **State:** **Zip:** -

AreaCode: **Home Phone:** **Emerg. Phone:**

Family Email: **Env#**

Individual Member Information

Parish Status: *(Active, Inactive)*		
Role: *(Head of House, Husband, Wife etc.)*		
First Name / Nickname:	/	/
Gender:	Male / Female (Maiden)	Male / Female (Maiden)
DOB (mm/dd/yyyy):	/ /	/ /
Email:		
Work Phone/Cell Phone:	/	/
First Language:		
Occupation/Employer:	/	/
Sacramental Info:	**Baptized?** ☐ **Catholic?** ☐	**Baptized?** ☐ **Catholic?** ☐
Dates (mm/dd/yyyy):	/ /	/ /
(Single, Married, Separated, Divorced, Annulled)	**Reconcil?** ☐ **First Eucharist?** ☐ **Confirmed?** ☐	**Reconcil?** ☐ **First Eucharist?** ☐ **Confirmed?** ☐
	/ / / / / /	/ / / / / /
Marital Status:	Valid Catholic Marriage? ☐	Date of Marriage _____

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household *(Son, Daughter, Mother Father etc.)*	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ *Catholic?* ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐	
	/ /	/ /	/ /	/ /	
2.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ *Catholic?* ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐	
	/ /	/ /	/ /	/ /	
3.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ *Catholic?* ☐	Eucharist ☐	Reconciliation ☐	Confirmation ☐	
	/ /	/ /	/ /	/ /	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.