

St Martin Parish Family Registration

Reg Date: / /

19767 Yorba Linda Blvd, Yorba Linda, CA 92886 714 970-2771

Last Name: First Name(s):

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

Address:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Email: Contrib. Env#

Permission to Publish Phone Number: Yes: No:

Individual Member Information

Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: Ethnicity: Occupation:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status: <i>(Married, Separated, Divorced, Single, Widow/Widower, Annulled)</i>	Married by Priest/Deacon? <input type="checkbox"/>	Wedding Date: Wedding Church/City:

Additional Family Members Living in Household

Relationship to Head of Household <small>(Son, Daughter, Mother Father etc.)</small>	First Name	/	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.				M / F			
Check if Sacrament Received: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>							
2.				M / F			
Check if Sacrament Received: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>							
3.				M / F			
Check if Sacrament Received: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>							

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