

Cathedral Basilica of St. Francis of Assisi

FAMILY REGISTRATION

Title: (Mr., Mr. & Mrs. Etc.)		Env #
Last Name		Entered by:
First Name - Head of House		
Street Address		
City, State, Zip		
Mailing Address (if different)		
Mailing City, State, Zip		Reg. Date:
Telephone Number	Alternate #	
Marital Status of Family	<input type="checkbox"/> Single <input type="checkbox"/> Church Married <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Div <input type="checkbox"/> Separated <input type="checkbox"/> CoHabitants	
Reason for Registration		

Head of Household

Title: (Mr. Mrs. Etc.)		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Last Name - Head of House		Date of Birth:		
First Name - Head of House		Language(s):		
Maiden Name:		Ethnicity:		
Handicap:		Religion:		
Occupation				
Business/School				

Sacraments: Date Church City & State

Ministries	Baptism	<input type="checkbox"/>	
	1st Comm	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	
	Marriage	<input type="checkbox"/>	

Additional Family Member

Title: (Mr. Mrs. Etc.)		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Last Name - Head of House		Date of Birth:		
First Name - Head of House		Language(s):		
Relation to Head of House		Ethnicity:		
Maiden Name:		Religion:		
Handicap:				
Occupation				
Business/School				

Sacraments: Date Church City & State

Ministries	Baptism	<input type="checkbox"/>	
	1st Comm	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	
	Marriage	<input type="checkbox"/>	

Additional Family Member

Title: (Mr. Mrs. Etc.)		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Last Name		Date of Birth:	
First Name		Language(s):	
Relation to Head of House		Ethnicity:	
Handicap:		Religion:	
Business/School			
Sacraments:		Date	Church
Ministries	Baptism	<input type="checkbox"/>	
	1st Comm	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	

Additional Family Member

Title: (Mr. Mrs. Etc.)		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Last Name		Date of Birth:	
First Name		Language(s):	
Relation to Head of House		Ethnicity:	
Handicap:		Religion:	
Business/School			
Sacraments:		Date	Church
Ministries	Baptism	<input type="checkbox"/>	
	1st Comm	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	

Additional Family Member

Title: (Mr. Mrs. Etc.)		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Last Name		Date of Birth:	
First Name		Language(s):	
Relation to Head of House		Ethnicity:	
Handicap:		Religion:	
Business/School			
Sacraments:		Date	Church
Ministries	Baptism	<input type="checkbox"/>	
	1st Comm	<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>	