

St Paul Catholic Church
Family Registration
603 Fourth St., Mosinee, WI 54455 (715) 693-2650

Reg Date: _____
Envelope: _____

Last Name: _____ First Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Area Code: _____ Home Phone: _____ E-mail: _____

Adult Member(s) Information

Role: _____
(Head of House, Husband, Wife, etc.)

First Name: _____

Gender: Male/Female (Maiden) _____ Male/Female (Maiden) _____

DOB (mm/dd/yyyy): _____

Work Phone/Cell Phone: _____

Occupation/Employer: _____

Sacramental Info: Baptized: Y/N Catholic Y/N _____ Baptized: Y/N Catholic: Y/N _____
Add Date if known: _____ (Faith if Not Catholic) _____ (Faith if Not Catholic)

Reconcil: Y/N First Eucharist: Y/N Confirmed: Y/N _____ Reconcil: Y/N First Eucharist: Y/N Confirmed: Y/N _____
Add Date if known: _____

Marital Status: _____
(Single, Married, Widowed, Separated, Divorced, Annulled)

If you are married was it by a Catholic Priest? Y/N Date of Marriage: _____

Parish _____ City/State _____

Dependent Children

First Name/Last Name	Gender	Birth date	Grade/School
1. _____	Catholic Y/N M / F	_____	_____
Check if Sacrament Received. Add Date if known: _____ <i>(Faith if Not Catholic)</i>	Baptism: Y/N	Reconciliation: Y/N	Eucharist: Y/N Confirmation: Y/N

2. _____	Catholic Y/N M / F	_____	_____
Check if Sacrament Received. Add Date if known: _____ <i>(Faith if Not Catholic)</i>	Baptism: Y/N	Reconciliation: Y/N	Eucharist: Y/N Confirmation: Y/N

3. _____	Catholic Y/N M / F	_____	_____
Check if Sacrament Received. Add Date if known: _____ <i>(Faith if Not Catholic)</i>	Baptism: Y/N	Reconciliation: Y/N	Eucharist: Y/N Confirmation: Y/N