

St. Michael Catholic Church
Parishioner Registration

Date: _____

Envelope# _____

Primary Registrant

Name: _____

Address: _____

City,State,Zip: _____

Home Phone#: Area Code: _____ - _____ - _____

Cell Phone#: Area Code: _____ - _____ - _____

E-Mail Address: _____

Marital Status: _____

Date of Birth: _____ - _____ - _____

Religion: _____

Spouse (if applicable)

Name: _____

Cell Phone#: Area Code: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Religion: _____

Children Living at Home (if any)

Name	Date of Birth	Baptized	1 st Communion	Confirmed
_____	_____ - _____ - _____	_____	_____	_____
_____	_____ - _____ - _____	_____	_____	_____
_____	_____ - _____ - _____	_____	_____	_____
_____	_____ - _____ - _____	_____	_____	_____