

St. Benedict Parish Registration

Office Use: Envl. # _____ Area# _____

Mr & Mrs Mr Mrs Ms Miss Other _____
Name
Street Address
P. O. Box (If any)
City, State, Zip
Home Phone

Date _____

May we list your address and phone # in the church directory?

Yes _____ No _____

Number of children at home _____

Comments or remarks _____

Email: Self _____ Spouse _____ Other _____

	Self	Spouse	Child	Child	Child	Other
First Name						
Last Name, if different						
Maiden Name, if applicable						
Marital Status*						
Religion						
Handicap?						
Languages Other than English						
Ethnicity (Optional)						
Occupation						
Employer/School Name						
Bus. Phone & Ext.						
Grade or Highest Completed						
Sex	M F	M F	M F	M F	M F	M F
Birth Date						
Baptism						
Penance (Confession)						
1st Communion						
Confirmation						
Marriage Date						

*Marital Status: **MP** Married by a Priest **M** Married **S** Single (never married) **D** Divorced **Sep** Separated **W** Widowed

Sacraments: Please enter date if known, otherwise just Y (yes), N (no), H (here – St. Benedict), or U (you are not sure the sacrament was received)