

# St. Francis de Sales Parish - 154 East Church Street - Kilmarnock, VA 22482

## Family Registration Form

Reg Date: \_\_\_/\_\_\_/\_\_\_

Do you want the offertory Envelopes? Y/N

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Mailing Name (ie Mr. and Mrs. John Doe): \_\_\_\_\_

Address: \_\_\_\_\_

E911 (if different): \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ (1) Cell Phone: \_\_\_\_\_ (2) Cell/Other: \_\_\_\_\_

Main Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

|   | Individual Member Information  | Individual Member Information  |
|---|--|--|
| <b>Role:</b><br><small>Head/House, Husband, Wife etc.</small> | _____  | _____  |
| <b>First</b>  | _____ / _____  | _____ / _____  |
| <b>Gender:</b>  | Male / Female (Maiden) _____   | Male / Female (Maiden) _____   |
| <b>DOB:</b>   | ___/___/___  | ___/___/___  |
| <b>Occu./Employer:</b>  | _____ / _____  | _____ / _____  |
| <b>Work Phone:</b>  | _____  | _____  |
| <b>Sacramental Info:</b>                                      | Baptized Catholic? <input type="checkbox"/> Other: _____   | Baptized Catholic? <input type="checkbox"/> Other: _____   |
| <b>Date (If known):</b>                                       | ___/___/___  | ___/___/___  |
| <b>Date (If known):</b>                                       | Reconciliation <input type="checkbox"/> 1 <sup>st</sup> Eucharist <input type="checkbox"/> Confirmed <input type="checkbox"/><br>___/___/___ ___/___/___ ___/___/___ | Reconciliation <input type="checkbox"/> 1 <sup>st</sup> Eucharist <input type="checkbox"/> Confirmed <input type="checkbox"/><br>___/___/___ ___/___/___ ___/___/___ |
| <b>Marital Status:</b>  | Single Married Separated Divorced Annulled Widowed<br>Valid Catholic Marriage? Y / N   |  |

Name and Location of Previous Parish: \_\_\_\_\_

| Dependent Children Information (still live in household)                              |                   |  |   |                                    |                        |  |
|---|-------------------|--|---|------------------------------------|------------------------|--|
| 1. Last Name: _____   | First Name: _____ | Gender: <u>Male / Female</u>                       | DOB: ___/___/___                        |                                    |                        |  |
| Sacramental Info: Baptized <input type="checkbox"/> Catholic <input type="checkbox"/> |                   | 1 <sup>st</sup> Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmed <input type="checkbox"/> | H. S. Grad Year: _____ |  |
| Date: ___/___/___   |                   | ___/___/___  | ___/___/___                             | ___/___/___                        |                        |  |
| 2. Last Name: _____   | First Name: _____ | Gender: <u>Male / Female</u>                       | DOB: ___/___/___                        |                                    |                        |  |
| Sacramental Info: Baptized <input type="checkbox"/> Catholic <input type="checkbox"/> |                   | 1 <sup>st</sup> Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmed <input type="checkbox"/> | H. S. Grad Year: _____ |  |
| Date: ___/___/___   |                   | ___/___/___  | ___/___/___                             | ___/___/___                        |                        |  |
| 3. Last Name: _____   | First Name: _____ | Gender: <u>Male / Female</u>                       | DOB: ___/___/___                        |                                    |                        |  |
| Sacramental Info: Baptized <input type="checkbox"/> Catholic <input type="checkbox"/> |                   | 1 <sup>st</sup> Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmed <input type="checkbox"/> | H. S. Grad Year: _____ |  |
| Date: ___/___/___   |                   | ___/___/___  | ___/___/___                             | ___/___/___                        |                        |  |
| 4. Last Name: _____   | First Name: _____ | Gender: <u>Male / Female</u>                       | DOB: ___/___/___                        |                                    |                        |  |
| Sacramental Info: Baptized <input type="checkbox"/> Catholic <input type="checkbox"/> |                   | 1 <sup>st</sup> Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmed <input type="checkbox"/> | H. S. Grad Year: _____ |  |
| Date: ___/___/___   |                   | ___/___/___  | ___/___/___                             | ___/___/___                        |                        |  |

If need to add additional members please use reverse. Place in the ushers basket, mail or bring to the office (M - F 9:30 - 4 PM)