

Date Registered: _____

Family Last Name: _____

Phone #: _____

Cell #: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Former Parish: _____

Disabled? (Yes or No): _____

Household Member(s): (First Name) and Last Name if different	Title (see codes below)	Member Type: Head, Spouse, Child, Other	Occupation & Telephone # at Work	Sex M/F	Date of Birth Month/Day/Year	Ethnicity Code (see codes below)	Grade if a student	Religion	Catholic Sacraments (Yes or No) Date: Month/Day/Year				Marital Status (See Codes At Bottom)	Anniversary Date if Married (Month/Day/Year)
									Baptism	1 st Comm.	Confirm	Catholic Marriage		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

CODES FOR COLUMN B: (Dr., Mr. & Mrs., Mrs., Mr., Miss, Ms.)

CODES FOR COLUMN G: (W= White/Caucasian, B= Black/African American, H = Hispanic, A = Asian/Pacific Islander, O = Other)

CODES FOR COLUMN N: (MCC = Married in Catholic Church, MNCM = Married Non-Catholic Marriage, S = Single, W = Widowed, D = Divorced, SEP = Separated)