

St. Lawrence Catholic Community

***Family Last Name	For office use only	
	CSA No. 506 -	
	Envelope No.	Date Registered

***Address	City	State	Zip Code
***Home Phone	OK to publish info in parish directory?	Phone <input type="checkbox"/> Y <input type="checkbox"/> N	Address <input type="checkbox"/> Y <input type="checkbox"/> N Email <input type="checkbox"/> Y <input type="checkbox"/> N
***Primary email address			

* [Male] Last Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other: <i>please specify</i>		
***Full First Name & Middle Initial	Cell Phone		
***Religion	Birthdate	Email Address	
***Occupation	Work Phone	<input type="checkbox"/> Baptized	<input type="checkbox"/> Confirmed

* [Female] Last Name	Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other: <i>please specify</i>		
***Full First Name & Middle Initial	Cell Phone		
***Maiden Name			
***Religion	Birthdate	Email Address	
***Occupation	Work Phone	<input type="checkbox"/> Baptized	<input type="checkbox"/> Confirmed

***Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced
***Marriage Info: Church/Place	City/State			Date	

***Children (under 18 years old) living at home - Please list oldest to youngest. Adult children (over 18) should register on their own

***Last Name	First Name	Middle Name
***Religion	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Baptized	Church of Baptism	City/State
<input type="checkbox"/> Received First Communion	<input type="checkbox"/> Confirmed	Date

(Spaces for additional children on page 2 of form)

***Last Name		First Name		Middle Name		
***Religion		Birthdate		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Baptized	Church of Baptism			City/State		Date
<input type="checkbox"/> Received First Communion		<input type="checkbox"/> Confirmed				

***Last Name		First Name		Middle Name		
***Religion		Birthdate		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Baptized	Church of Baptism			City/State		Date
<input type="checkbox"/> Received First Communion		<input type="checkbox"/> Confirmed				

***Last Name		First Name		Middle Name		
***Religion		Birthdate		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Baptized	Church of Baptism			City/State		Date
<input type="checkbox"/> Received First Communion		<input type="checkbox"/> Confirmed				