

saintJohnfisherchapel

UNIVERSITY PARISH

3665 Walton Boulevard • Auburn Hills, MI 48326 • P 248-373-6457 • F 248-373-5479 • stjohfisherparish.org

Family Registration

Date: _____ For office use only: Envelope #: _____

Last Name: _____ First Name: _____

Mailing Name (Mr. and Mrs. John Doe): _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Email: _____

Permission to publish phone and address in Parish Directory? Yes No

Individual Member Information

Role (head of house, husband, wife, etc.): _____

First Name: _____

Maiden Name: _____

Gender: Male Female

Birthdate (mm/dd/yyyy): _____

Email: _____

Special Needs: _____

Work/Cell Phone: _____

First Language: _____

Occupation: _____

Ethnicity: _____

Second Language?: _____

Sacramental Info (please use this format: mm/dd/yyyy):

Baptism Date / Religion: _____

First Eucharist Date: _____

Confirmation Date: _____

Role (head of house, husband, wife, etc.): _____

First Name: _____

Maiden Name: _____

Gender: Male Female

Birthdate (mm/dd/yyyy): _____

Email: _____

Special Needs: _____

Work/Cell Phone: _____

First Language: _____

Occupation: _____

Ethnicity: _____

Second Language?: _____

Sacramental Info (please use this format: mm/dd/yyyy):

Baptism Date / Religion: _____

First Eucharist Date: _____

Confirmation Date: _____

Marital Status (single, married, separated, divorced, annulled, widowed): _____ Wedding Date: _____

Offertory Pledge _____ per year/month/week (circle one)

Dependent Children Information: If more dependents, continue on the back.

1. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____

Sacrament and date received: Baptism: Catholic? _____ Eucharist _____ Confirmation _____

2. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____

Sacrament and date received: Baptism: Catholic? _____ Eucharist _____ Confirmation _____

Dependent Children Information Continued

3. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____

Sacrament and date received: Baptism: Catholic? _____ Eucharist _____ Confirmation _____

4. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____

Sacrament and date received: Baptism: Catholic? _____ Eucharist _____ Confirmation _____

5. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____

Sacrament and date received: Baptism: Catholic? _____ Eucharist _____ Confirmation _____

6. Relationship to Head of Household (son, daughter, mother, father, etc.): _____

First Name: _____ Last Name: _____ Gender: Male Female

Birthdate: _____ HS Grad Year: _____ School: _____

Special Needs (Allergies, Handicaps, etc.): _____