



# New Member Registration Form

Family Name:	Previous Parish:
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Address:
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Primary Email:	Primary Phone:
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Consent to receive text messages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Preferred Language:
Consent to receive emails	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

	Head of Household	Spouse
Name/Gender	M/F	M/F
Maiden Name		
Marital Status		
Date of Birth		
Occupation/Employer		
Other Phone		
Other Email		
Religion		
Date/Church of Baptism		
City/State of Baptism		
Date/Church of Communion		
Date/Church of Confirmation		
Date/Church of Marriage		

	Child 1	Child 2	Child 3	Child 4
Name/Gender	M/F	M/F	M/F	M/F
Date of Birth				
School & Grade				
Date Baptism				
Church (City/State)				
Date/Church Communion				
Date/Church Confirmation				

My child(ren) attend St. Michael School  YES  NO