



## St Aelred Catholic Church - Parish Family Registration

Date: \_\_\_\_\_

**NOTE: Unchecked items may be used in church publications:**

Photos \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ E-mail \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Previous Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

**Please have Baptismal Certificates with notations on ALL family members mailed directly from the parish of baptism.**

**Couple/Head or Household Information:**

Marital Status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow: \_\_\_\_\_ Single: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ Married by Priest/Deacon: Y / N Rev: \_\_\_\_\_

Place/ Parish: \_\_\_\_\_

**HUSBAND**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**WIFE**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_



**NOTE: My child/children's pictures(s) can be used on Church website: Yes \_\_\_ No \_\_\_**  
**Church bulletin: Yes \_\_\_ No \_\_\_ Church directory: Yes \_\_\_ No \_\_\_**

If you have more than four children, please complete another form with the names of the other child/children:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Reconciliation? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Reconciliation? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Reconciliation? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptized? \_\_\_ Faith of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Reconciliation? \_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Perinate information you would like to share: