



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: _____

Pertinent information you would like to share: