

TODAY'S DATE: \_\_\_\_\_ PARISH ENVELOPE NUMBER: \_\_\_\_\_ RE FAMILY ID NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM HOME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER'S \_\_\_\_\_ FATHER'S \_\_\_\_\_ FATHER'S \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

MOTHER'S \_\_\_\_\_ MOTHER'S \_\_\_\_\_ MOTHER'S \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4	CHILD # 5
CHILD'S NAME:					
CHILD'S GRADE:					
FOOD OR DRINK ALLERGIES:					
GENDER: MALE OR FEMALE:					
CHILD'S DATE OF BIRTH:					
BAPTIZED: YES OR NO:					
FIRST CONFESSION: YES/NO:					
FIRST COMMUNION: YES/NO:					
BEEN CONFIRMED: YES/NO:					

**OFFICE USE ONLY:**

AMOUNT DUE:	<input type="text"/>	CHECK
AMOUNT PAID:	<input type="text"/>	CASH
BALANCE DUE:	<input type="text"/>	

Please check which apply. For statistics only.

American Indian:

Asian American:

Black American:

Caucasion:

Hispanic:

Other: