



**Directions: Please print clearly**

**1. Answer each category as completely as possible**

**2. Return immediately through offertory collection during weekend Mass or via mail to the Parish Office, 49 South St, Litchfield CT 06759**

| Contact Info                                                                                              |                               |                                                                 |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|
| Family Name:                                                                                              |                               |                                                                 |
| Street Address:                                                                                           |                               | APT#                                                            |
| City:                                                                                                     | State:                        | Zip/Postal code:                                                |
| Mailing Address:<br>(If using a P.O. Box put here, or if seasonal provide alternative address)            |                               |                                                                 |
| Phone #:                                                                                                  |                               | Email:                                                          |
| Would you like to receive offertory envelopes? Yes: ____ No: ____                                         |                               |                                                                 |
| Household Information                                                                                     |                               |                                                                 |
| Head of Household/ Primary applicant                                                                      |                               |                                                                 |
| Name: Last, First                                                                                         |                               | Date of Birth:                                                  |
| Sacraments received: Baptism __ Date ____ First Communion __ Confirmation __                              |                               |                                                                 |
| Marital Status: Married __ Separated __ Divorced __ Annulled __ Widowed __                                |                               |                                                                 |
| Church/Place of Marriage:                                                                                 |                               |                                                                 |
| City, State                                                                                               |                               | Date:                                                           |
| Is Marriage Recognized by Catholic Church?<br>Yes __ No __                                                |                               | If no, would you like to have marriage blessed?<br>Yes __ No __ |
| Spouse                                                                                                    |                               |                                                                 |
| Name: First                                                                                               |                               | Date of Birth:                                                  |
| Maiden Name:                                                                                              | Legal last name if different: |                                                                 |
| Sacraments received: Baptism __ Date ____ First Communion __ Confirmation __                              |                               |                                                                 |
| Additional Adults in Household (If Children who have Graduated College are living at home list them here) |                               |                                                                 |
| Name: First                                                                                               |                               | Date of Birth:                                                  |
| Maiden Name:                                                                                              | Legal last name if different: |                                                                 |
| Marital Status: Married __ Separated __ Divorced __ Annulled __ Widowed __                                |                               |                                                                 |
| Sacraments received: Baptism __ Date ____ First Communion __ Confirmation __                              |                               |                                                                 |
| Relation to Household:                                                                                    |                               | Homebound? Yes __ No __                                         |

Office Use only:

Envelope#

Date Entered into Camino:

| Additional Adults CONT'D                                                      |                                   |
|-------------------------------------------------------------------------------|-----------------------------------|
| Name: First                                                                   | Date of Birth:                    |
| Maiden Name:                                                                  | Legal last name if different:     |
| Sacraments received: Baptism __ Date _____ First Communion __ Confirmation __ |                                   |
| Marital Status: Married __ Separated __ Divorced __ Annulled __ Widowed __    |                                   |
| Relation to Household:                                                        | Homebound? Yes __ No __           |
| Children Living at Home (We will require a Baptismal record for each child)   |                                   |
| Name: First, Middle                                                           |                                   |
| Legal last name if different:                                                 | Date of Birth: _____ Grade: _____ |
| Sacraments received: Baptism __ First Communion __ Confirmation __            |                                   |
| Church of Baptism:                                                            |                                   |
| City, State                                                                   | Date of Baptism:                  |
| Name: First, Middle                                                           |                                   |
| Legal last name if different:                                                 | Date of Birth: _____ Grade: _____ |
| Sacraments received: Baptism __ First Communion __ Confirmation __            |                                   |
| Church of Baptism:                                                            |                                   |
| City, State                                                                   | Date of Baptism:                  |
| Name: First, Middle                                                           |                                   |
| Legal last name if different:                                                 | Date of Birth: _____ Grade: _____ |
| Sacraments received: Baptism __ First Communion __ Confirmation __            |                                   |
| Church of Baptism:                                                            |                                   |
| City, State                                                                   | Date of Baptism:                  |
| Name: First, Middle                                                           |                                   |
| Legal last name if different:                                                 | Date of Birth: _____ Grade: _____ |
| Sacraments received: Baptism __ First Communion __ Confirmation __            |                                   |
| Church of Baptism:                                                            |                                   |
| City, State                                                                   | Date of Baptism:                  |
| Additional information you would like to provide:                             |                                   |
| _____                                                                         |                                   |
| _____                                                                         |                                   |
| _____                                                                         |                                   |