St. Casimir Registration Form ~~Posen, MI [All information will be kept confidential – For Parish Use Only]

FAMILY NAME: Last _____ First _____

TITLE: ☐ Mr/Mrs ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

STREET ADDRESS: _____ PO BOX: _____ CITY: _____ STATE: _____ZIP: _____

PHONE NUMBER: _____ Unlisted: • Yes • No RESIDENCY: • All Year • Summer • Winter Months Away

MARITAL STATUS: • Married • Church Marriage • Single • Widowed • Divorced • Separated

WILL USE ENVELOPES: • Yes • No DO NOT COMPLETE - FOR OFFICE USE: Envelope # _____ Registration Date: ___/___/____

	HEAD	SPOUSE	CHILD (Under 18)	CHILD (Under 18)	CHILD (under 18)	CHILD (Under 18)	CHILD (Under 18)
FIRST NAME							
LAST NAME IF DIFFERENT or MAIDEN NAMEE							
RELIGION							
OCCUPATION							
WORK PHONE							
IF STUDENT, SCHOOL NAME							
GRADE							
GENDER	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
BIRTH DATE	___/___/____	___/___/____	___/___/____	___/___/____	___/___/____	___/___/____	___/___/____
BAPTIZED	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
1ST COMMUNION	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CONFIRMATION	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
MARRIAGE DATE	___/___/____	___/___/____					
HOMEBOUND	☐ Yes ☐ No	☐ Yes ☐ No					
WISH TO SERVE	☐ Lector ☐ Eucharistic Min ☐ Usher ☐ Councils ☐ Religion Teacher	☐ Lector ☐ Eucharistic Min ☐ Usher ☐ Council ☐ Religion Teacher	☐ Lector * ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server

* For High School