ST. FRANCIS XAVIER CHURCH MEMBERSHIP REGISTRATION

FAMILY LAST NAME _____Phone #_____(unlisted _____)

ADDRESS _____
Street / P.O. Box City State Zipcode

Marital Status: Single _____ Married_____ Divorced _____ Widowed_____

Date of Marriage _____Place of Marriage_____

NAME _____
First **Middle** **Maiden Name**

Cell phone # _____(unlisted____)Email_____

Date of Birth _____Religion _____

Baptized _____Confirmation _____
Date Church/City Date Church/City

Occupation _____Place of Employment _____Phone_____

NAME _____
First **Middle** **Maiden Name**

Cell phone # _____(unlisted____)Email_____

Date of Birth _____Religion _____

Baptized _____Confirmation _____
Date Church/City Date Church/City

Occupation _____Place of Employment _____Phone_____

Children (under 21 & living at home):

Name	M/F	Date of Birth	Baptism (Date/Church)	Confirmation (Date/Church)

IN CASE OF EMERGENCY CONTACT:

_____
Name **Phone #** **Relationship**

Office use only: **Envelope # _____** **Date Registered in parish _____**

PDS_____ **THE RECORD_____** **Church Budget_____**