

St. James the Apostle Catholic Church
Family Registration Form

Family Registration

Family ID #: _____ Today's Date: ____ / ____ / ____

Family Name:
 Head: Last: _____ First: _____ Title: _____ Suffix: _____
 Spouse: Last: _____ First: _____ Title: _____
 Name formats used in mailings: _____ Mailing Name: _____ Ex: Mr. and Mrs. John Smith
 Informal Salutation: _____ Ex: John & Mary Formal: _____ Ex: Mr. and Mrs. Smith

Street Address Line 1: _____ Street City/State: _____
 Street Address Line 2: _____ Street Zip: _____
 Geo. Area Number: _____ Registered: _____ Family Status: _____
 Phone: _____ Description: Home/Office/Cell/Other _____ Unlisted? Yes/No _____
 Phone: _____ Description: Home/Office/Cell/Other _____ Unlisted? Yes/No _____
 Email: _____ Send Email? _____ Parish: _____

Mailing Address: Line 1: _____ City/State: _____
 (if different) Line 2: _____ Zip: _____

Remarks: _____

Member Registration

Member Name:
 Last Name: _____ First Name: _____ Middle: _____
 Nickname: _____ Title: _____ Suffix: _____
 Maiden Name: _____
 Name formats used in mailings: _____ Mailing Name: _____ Ex: Jeanne Van Loon
 Informal Salutation: _____ Ex: Jeanne Formal Salutation: _____ Ex: Mrs. Van Loon

Personal Information:
 Grade/Degree: _____ Relationship: _____ Type: _____
 Language: _____ Gender: _____ Marital Status: _____
 Religion: _____ Ethnicity: _____ Birthdate: _____
 Location: _____ Disability: _____ Occupation: _____

Phone: _____ Type: _____ Unl: Y/N _____ Email: _____ Type: _____ Prefer Email? Y/N _____

Remarks: _____

Birthplace:
 Father: _____ Mother: _____ Maiden Name: _____

Baptism: Name/Extra Info: _____ Date: _____ Status: Approx. / Yes / No
 Performed by: _____ Church Name: _____

Confirm: Name/Extra Info: _____ Date: _____ Status: Approx. / Yes / No
 Performed by: _____ Church Name: _____

Marriage: Name/Extra Info: _____ Date: _____ Status: Approx. / Yes / No
 Performed by: _____ Church Name: _____

1st Comm: Name/Extra Info: _____ Date: _____ Status: Approx. / Yes / No
 Performed by: _____ Church Name: _____

Penance: Name/Extra Info: _____ Date: _____ Status: Approx. / Yes / No
 Performed by: _____ Church Name: _____

I would like to volunteer the following skills:

I would like to volunteer for the following ministries:

Member Registration

Member Name:
 Last Name: _____ First Name: _____ Middle: _____
 Nickname: _____ Title: _____ Suffix: _____
 Maiden Name: _____
 Name formats used in mailings: _____ Mailing Name: _____ Ex: Jeanne Van Loon
 Informal Salutation: _____ Ex: Jeanne Formal Salutation: _____ Ex: Mrs. Van Loon

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Member Registration			
Personal Information:		Relationship: _____	
Grade/Degree: _____	Gender: _____	Type: _____	
Language: _____	Ethnicity: _____	Marital Status: _____	
Religion: _____	Disability: _____	Birthdate: _____	
Location: _____	Occupation: _____		
Phone: _____ Type: _____		Unl: Y/N Email: _____ Type: _____ Prefer Email? Y/N	
Remarks:			
Birthplace: _____			
Birth Father: _____		Birth Mother: _____ Maiden Name: _____	
Baptism:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Confirm:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Marriage:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
1st Comm:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Penance:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
I would like to volunteer the following skills:			
I would like to volunteer for the following ministries:			