

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 _____