

PARISH REGISTRATON FORM

Please indicate in which parish you want to register or are already a member (Select One): _____ St. Gabriel's _____ St. Madeleine Sophie

Family Name: _____ Would you like to receive Parish Envelopes: Yes _____ No _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Name of Each Family Member in Household	Birthday	Family Relationship (i.e. -Father, Mother, Son, Daughter, etc.)	Religion	Yes or No	Yes or No	Yes or No	Marital Status**	Home-bound	Occupation
	M/D/Y			Baptism	Communion	Confirmation			
Head of Household:									
Spouse: (Maiden Name):									
Or Significant Other:									
Children*									
Others living with you*									

*Family Name if Different

**Married/Divorced/Separated/Re-Married