

PARISH REGISTRATON FORM

Please indicate in which parish you want to register.

(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			
Adult #1:									
Adult #2: (Maiden Name):									
Children*									
Others living with you*									

*Family Name if Different

**Married/Divorced/Separated/Re-Married