

**St. Michael Church
Member Registration Form**

Date _____

Family Name (Last Name) _____

Address _____

City/State _____ Zip _____

Home Phone (landline) if none Cell : _____

Do you want offertory envelopes? _____ Do you want to be listed in the Parish Directory? _____

Member Information (Please list children on back)

	Head	Spouse
First Name		
Middle Name		
Last Name (legal)		
Maiden Name		
Name preferred to be called		
Marital Status		
Religion		
Occupation		
Mobile Phone		
E-mail Address		
Date of Birth		
Gender		
Baptized*		
First communion *		
Confirmed*		
Sacramental Marriage*		

*Yes or no, please give dates if known

Please list children living in the household:

	Child	Child	Child	Child
First Name				
Middle Name				
Last Name				
Name preferred to be called				
Date of Birth				
Gender				
Religion				
Baptized*				
First communion *				
Confirmed*				

*Yes or no, please give dates if known

TO SEND VIA EMAIL, PLEASE
CLICK THE RED BOX BELOW