

ST. MEL'S PARISH REGISTRATION

CONTRIBUTION YES <input type="checkbox"/>
ENVELOPES? NO <input type="checkbox"/>

(PLEASE PRINT CLEARLY)

SINGLE
SEPARATED
DIVORCED
WIDOWED

LAST NAME: _____

HEAD OF HOUSEHOLD: _____ OCCUPATION: _____

MARRIED BY:
PRIEST
MINISTER
JUSTICE

SPOUSE: _____ OCCUPATION: _____
 (MAIDEN NAME) (First) (Last)

ADDRESS: _____ PHONE: _____

All Family Members (Include Yourself)	Date of Birth	Religion	Baptized?	Communion?	Confirmation?

(IF MORE SPACE NEEDED, CONTINUE ON BACK)