

**ST. KATHARINE DREXEL CATHOLIC CHURCH FAMILY REGISTRATION**

DATE: \_\_\_\_\_

FAMILY LASTNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ZIP: \_\_\_\_\_

NEIGHBORHOOD: \_\_\_\_\_

(The Lakes, Bonaventure, Savanna, WHCC, etc)

HOME PHONE ( ) \_\_\_\_\_

MOTHER'S CELL PHONE ( ) \_\_\_\_\_

MOTHER'S E-MAIL \_\_\_\_\_

FATHER'S CELL PHONE ( ) \_\_\_\_\_

FATHER'S E-MAIL \_\_\_\_\_

**PLEASE COMPLETE FOR ALL MEMBERS LIVING IN THE HOUSEHOLD**

	<i>HEAD OF HOUSEHOLD</i>	<i>SPOUSE</i>	<i>CHILD</i>	<i>CHILD</i>	<i>CHILD</i>	<i>OTHER</i>
FIRST NAME						
LAST NAME						
DATE OF BIRTH						
MARITAL STATUS	S M W Sep D	S M W Sep D	S M W Sep D	S M W Sep D	S M W Sep D	S M W Sep D
RELIGION						
COUNTRY OF BIRTH						
LANGUAGE AT HOME						
SEX	M F	M F	M F	M F	M F	M F
IS BAPTIZED?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
RECEIVED FIRST COMMUNION?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
IS CONFIRMED?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
MARRIAGE BY A CATHOLIC PRIEST?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

***Please complete and drop in the collection basket, bring to the office or send it to [belkisf@skdrexel.org](mailto:belkisf@skdrexel.org). Thank you!***