

St Paul Catholic Church

Registration Date: ___/___/___

Family Registration

1201 Satre St., Eugene, OR 97401 (541) 686-2345

Last Name: _____ First Name(s): _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Area Code: _____ Home Phone: _____ Emergency Phone: _____

Family email: _____ Env# _____

Individual Member Information

Role: <small>(Head of Household, Husband, Wife, etc.)</small>	_____	_____
First Name/Nickname:	_____ / _____	_____ / _____
Gender:	M ___ F ___ (Maiden Name) _____	M ___ F ___ (Maiden Name) _____
DOB (mm/dd/yyyy)	___ / ___ / ___	___ / ___ / ___
Email:	_____	_____
Work Phone/Cell Phone:	_____ / _____	_____ / _____
Occupation/Employer:	_____ / _____	_____ / _____
Sacramental Information:	Baptized? ___ Catholic? ___	Baptized? ___ Catholic? ___
Dates (mm/dd/yyyy):	___ / ___ / ___	___ / ___ / ___
	Reconcil? ___ First Eucharist? ___ Confirmed? ___	Reconcil? ___ First Eucharist? ___ Confirmed? ___
	___ / ___ / ___	___ / ___ / ___
Marital Status: <small>(Single, Married, Separated, Divorced, Annulled)</small>	_____ Valid Catholic Marriage? ___	Marriage Date: ___ / ___ / ___

Dependent Children/Other Information

Relationship to Head of Household <small>(Son, Daughter, Mother, Father, etc)</small>	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1. _____	_____	_____	M/F	___ / ___ / ___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	Catholic?	1st. Communion	Reconciliation	Confirmation	
	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	
2. _____	_____	_____	M/F	___ / ___ / ___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	Catholic?	1st. Communion	Reconciliation	Confirmation	
	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	
3. _____	_____	_____	M/F	___ / ___ / ___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	Catholic?	1st. Communion	Reconciliation	Confirmation	
	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	

Dependent Children/Other Information

Relationship to Head of Household <i>(Son, Daughter, Mother, Father, etc)</i>	First Name	/	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
4.	_____	_____	_____	M/F	___/___/___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	_____	Catholic? _____		1st. Communion _____	Reconciliation _____	Confirmation _____
		___/___/___			___/___/___	___/___/___	___/___/___
5.	_____	_____	_____	M/F	___/___/___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	_____	Catholic? _____		1st. Communion _____	Reconciliation _____	Confirmation _____
		___/___/___			___/___/___	___/___/___	___/___/___
6.	_____	_____	_____	M/F	___/___/___	_____	_____
Check if Sacrament Received. Add date if known.	Baptism	_____	Catholic? _____		1st. Communion _____	Reconciliation _____	Confirmation _____
		___/___/___			___/___/___	___/___/___	___/___/___