

ST. JUDE THE APOSTLE-REGISTRATION FORM

Rectory: 694-0540

Family Names(s): _____ Registration Date: ____/____/____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Unlisted? Yes / No Work: _____ Cell: _____

Emails: _____

Adults in the household (Please use both first & last names)

Adult Household	Names Living in	Religion	Age and DOB	Occupation or Skills	Baptism/Place /Date	Communion/Place /Date	Confirmation/Place/ Date

* Marital Status Single or Married (if married, please answer the following).

Marriage date: ____/____/____ Church: _____ City/State: _____ Wife's Maiden Name: _____

Divorced Separated Widowed Engaged (Marriage date: _____)

Children in the Household (Please use both first and last names)

Child's Name	Religion	Age & DOB	M/F	School	Grade	Baptism/Place/ Date	Communion/Place/ Date	Confirmation/Place/ Date	Attending Ref. Education

Special Talents/Ministries interested in? (ie: Lector/teach Religious Ed/Choir, etc.) _____ (use reverse side for details)

Why did you choose St. Jude the Apostle? _____ Comments? (reverse side)