

St Jude Parish Family Registration

Reg Date:

19704 Johnson Rd., South Bend, IN 46614 (219) 291-0570

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<table border="0" style="width: 100%;"> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td>Male / Female (Maiden) <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	Male / Female (Maiden) <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table border="0" style="width: 100%;"> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td>Male / Female (Maiden) <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	Male / Female (Maiden) <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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	Valid Catholic Marriage? <input type="checkbox"/>																					
Are there any members of your household who would like to be visited by a priest?																						

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 80px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
2.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 80px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.