St. Francis Xavier Church

Registration Form

FOR OFFICE USE ONLY

Family Name: _____

Envelope Number: _____ **Reactivate:** _____

Welcome: _____ **Diocese:** _____

Date of Registration: _____

Last Name: _____ **First Name:** _____

Home Address: _____ **Apt. #:** _____ **City & State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Email Address: _____ **Marital Status:** _____

	Name: First, Middle, Last (if different than family above)	Date of Birth	Sex M/F	Religion	Baptized Mo/Day/Year	1st Comm. Mo/Day/Year	Confirmation Mo/Day/Year	Occupation
Head of Household								
Spouse								
Other Adults								
	Children Living at Home	**Date of Birth**	**M/F**	**Religion**	**Baptized**	**1st Comm.**	**Confirmation**	**Child's School**
Child								
Child								
Child								
Child								
Child								
Child								