

ST. MARY HELP OF CHRISTIANS PARISH

School/parish office at (715) 267-6477

Family Registration

PLEASE PRINT

Date: ___/___/___

Last Name: _____ First Names(s): _____

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

Address: _____ City: _____

State: _____ Zip Code: _____

2nd Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Family E-mail Address: _____

Are there any members of your household who would like to be visited by a priest? _____

Individual Member Information

Role: (Head of Household, Wife etc.) _____

First Name: _____ Nickname: _____

Maiden Name: _____ Date of Birth: ___/___/___

E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Religion or Denomination: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

If married: Date of Marriage ___/___/___ Place of Marriage _____

Role: (Head of Household, Wife etc.) _____

First Name: _____ Nickname: _____

Maiden Name: _____ Date of Birth: ___/___/___

E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Religion or Denomination: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

If married: Date of Marriage ___/___/___ Place of Marriage _____