

St. Florian Parish Registration Card

Please Print

Registration Date: _____ Envelope Number: _____

Family Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Adults

Name: _____ Date of Birth: _____ Sex: M F
Religion: _____ Marital Status: M W S D Married by: Priest\Other, Occupation: _____

Name: _____ Date of Birth: _____ Sex: M F
Religion: _____ Marital Status: M W S D Married by: Priest\Other, Occupation: _____

Children (under the age of 21)

Name	Date of Birth	Sex	Baptism Date	Communion Date	Confirmation Date
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____

Does anyone else live with you? (Mother, Father, etc.)

Name: _____ Date of Birth: _____ Sex: M F
Religion: _____ Marital Status: M W S D Married by: Priest Other Occupation: _____

Name: _____ Date of Birth: _____ Sex: M F
Religion: _____ Marital Status: M W S D Married by: Priest Other Occupation: _____

Children living at home who are 21 or older should be registered on their own.