

FAMILY MEMBERSHIP REGISTRATION FORM

Please print and fill this form out and return it to the parish office either in person, by mail (949 Liberty St., Franklin PA 16323), or in the collection in an envelope marked registration. Thank you!

Head of:	Title _____	Name _____	Gender: ____
Household:	Street Address _____		
	City, State, Zip _____		
	Home Phone: _____		Work Phone: _____
	Nickname: _____		Maiden Name: _____
	Religion: _____		
	Marital Status: _____		Date of Birth: _____
	Occupation: _____		Work Location: _____
	Highest Grade Completed: _____		Full Time Student: Yes No
	If Yes, indicate school _____		
	Baptism:	Date _____	Location _____
	Confirmation:	Date _____	Location _____
	Marriage:	Date _____	Location _____
	Were you married by a Catholic Priest? _____		
	If not, would you like to talk about it? _____		
	1 st Communion:	Date _____	Location _____
1 st Penance:	Date _____	Location _____	

Spouse:	Title _____	Name _____	Gender: ____
Nickname: _____		Religion: _____	
Maiden Name _____			
Marital Status: _____		Date of Birth: _____	
Occupation: _____		Location: _____	PH. _____
Highest Grade Completed: _____		Full Time Student: Yes No	
If Yes, indicate school _____			
Baptism:	Date _____	Location _____	
Confirmation:	Date _____	Location _____	
1 st Communion:	Date _____	Location _____	
1 st Penance:	Date _____	Location _____	

Dependent: Title _____ Name _____ Gender: ____
 Nickname: _____ Relation to Head _____
 Date of Birth: _____ Religion: _____
 Occupation: _____ Location: _____ PH. _____
 Highest Grade Completed: _____ Full Time Student: Yes No
 If Yes, indicate school _____
 Baptism: Date _____ Location _____
 Confirmation: Date _____ Location _____
 1st Communion: Date _____ Location _____
 1st Penance: Date _____ Location _____

Dependent: Title _____ Name _____ Gender: ____
 Nickname: _____ Relation to Head _____
 Date of Birth: _____ Religion: _____
 Occupation: _____ Location: _____ PH. _____
 Highest Grade Completed: _____ Full Time Student: Yes No
 If Yes, indicate school _____
 Baptism: Date _____ Location _____
 Confirmation: Date _____ Location _____
 1st Communion: Date _____ Location _____
 1st Penance: Date _____ Location _____

Dependent: Title _____ Name _____ Gender: ____
 Nickname: _____ Relation to Head _____
 Date of Birth: _____ Religion: _____
 Occupation: _____ Location: _____ PH. _____
 Highest Grade Completed: _____ Full Time Student: Yes No
 If Yes, indicate school _____
 Baptism: Date _____ Location _____
 Confirmation: Date _____ Location _____
 1st Communion: Date _____ Location _____
 1st Penance: Date _____ Location _____

Please attach another sheet for any other dependents

**VOLUNTEER INTEREST (For all Family Members)
 Indicate Names of those Active (A) or Interested (I)**

Choir _____
 Altar Server _____
 Usher _____
 Lector _____
 R.C.I.A. Team _____
 Religious Education Teacher _____
 Religious Education Substitute _____

Pre Cana Team _____
 Youth Group Member _____
 Youth Group Leader _____
 Catholic Daughters _____
 Catholic War Veterans _____
 Christian Mothers _____
 Knights of Columbus _____