



# CHILDREN / OTHERS LIVING AT HOME

## PARISH REGISTRATION FORM

Individual Information	FIRST	SECOND	THIRD	FOURTH
Circle most appropriate	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other
First Name				
Middle Name				
Last Name				
Date of Birth				
Gender	Male/Female	Male/Female	Male/Female	Male/Female
Religion				
Primary Language				
Do you speak any other language?	Yes/No Language:	Yes/No Language:	Yes/No Language:	Yes/No Language:
Baptized	Yes / No Date Location	Yes / No Date Location	Yes / No Date Location	Yes / No Date Location
Eucharist	Yes / No	Yes / No	Yes / No	Yes / No
Confirmed	Yes / No	Yes / No	Yes / No	Yes / No