

TODAY'S DATE: _____ PARISH ENVELOPE NUMBER: _____ RE FAMILY ID NUMBER: _____

FATHER'S NAME: _____ FATHER'S RELIGION: _____

MOTHER'S NAME: _____ MOTHER'S RELIGION: _____

HOME ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM HOME: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ FATHER'S WORK # : _____ FATHER'S CELL # : _____

EMAIL: _____ MOTHER'S WORK # : _____ MOTHER'S CELL # : _____

	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4	CHILD # 5
CHILD'S NAME:					
CHILD'S GRADE:					
GENDER: MALE OR FEMALE:					
CHILD'S DATE OF BIRTH:					
BAPTIZED: YES OR NO:					
FIRST CONFESSION: YES/NO:					
FIRST COMMUNION: YES/NO:					
BEEN CONFIRMED: YES/NO:					
# of YEARS ATTENDED RE?					

OFFICE USE ONLY:

AMOUNT DUE:		CHECK
AMOUNT PAID:		CASH
BALANCE DUE:		

Please check which apply. For statistics only.

American Indian:

Asian American:

Black American:

Caucasian:

Hispanic:

Other: