

FAMILY REGISTRATION

Reg. Date / /

ST. MICHAEL THE ARCHANGEL ROMAN CATHOLIC CHURCH

SAINT TIMOTHY CHAPEL

469 North Street -Greenwich, Connecticut 06830-3998

203 869-5421 – 203 869-0169 (fax)

Last Name _____ First Name(s) _____

Mailing Name (Example: Mr. and Mrs. John Doe) _____

Address _____ Address 2 _____

City _____ State _____ Zip _____ - _____

Area Code _____ Home Phone _____ Emergency Phone _____

Family E-Mail _____ Envelope Number _____

Individual Member Information

Role
(Head of Household, Wife, Etc.) _____

First Name/Nickname _____

Gender (Circle One) Male Female Male Female

Maiden Name _____

Date of Birth (mm/dd/yyyy) _____

E-Mail _____

Work Phone _____

Cell Phone _____

First Language _____

Occupation/Employer _____

Sacramental Information - Catholic Yes _____ No _____ Catholic Yes _____ No _____

Check if Sacrament Received and Add Date: Baptism _____ Baptism _____

Reconciliation _____ Reconciliation _____

First Eucharist _____ First Eucharist _____

Confirmation _____ Confirmation _____

Marital Status
(Single, Married, Separated,
Divorced, Annulled) _____

Valid Catholic Marriage Yes _____ No _____ Yes _____ No _____

Dependent Children Information

Relationship to Head of Household
(Daughter/Son/ Mother/Father/Etc.) _____ Gender - Male _____ Female _____

Last Name _____ First Name (s) _____

Birthdate & Birthplace _____ High School Graduation Date _____

School _____ First Language _____ Catholic - Yes _____ No _____

Check if Sacrament Received & Add Date: Baptism _____ Eucharist _____

Reconciliation _____ Confirmation _____

(Use Reverse Side for Additional Children)

Relationship to Head of Household
(Daughter/Son/ Mother/Father/Etc.) _____ Gender - Male _____ Female _____

Last Name _____ First Name (s) _____

Birthdate & Birthplace _____ High School Graduation Date _____

School _____ First Language _____ Catholic - Yes _____ No _____

Check if Sacrament Received & Add Date: Baptism _____ Eucharist _____

Reconciliation _____ Confirmation _____

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(Daughter/Son/ Mother/Father/Etc.) _____ Gender - Male _____ Female _____

Last Name _____ First Name (s) _____

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(Daughter/Son/ Mother/Father/Etc.) _____ Gender - Male _____ Female _____

Last Name _____ First Name (s) _____

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(Daughter/Son/ Mother/Father/Etc.) _____ Gender - Male _____ Female _____

Last Name _____ First Name (s) _____

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