CT	FRAN	CIS OF	ΙΖΙΖΖΔ	REGISTRA	HOIT	FORM
31.	FNAIN	CIS OF	H 33131	NEGIS I NA		FUNIVI

Date:						
<i>-</i> 400.		 	 	 _	 	

Family Surname (Last Name)	Home Mailing	g Address		
City	State	ZIP xxxxx-xxxx		Home Phone (xxx) xxx-xxxx
Address (if different from mailing address)			Fam	ily's Primary e-mail address (list individual emails by each name)

Does your family live at a temporary address during certain times of the year?

boes your running nive at a temporary address da	ring certain	times of the year.	
Provide dates	Mailing Addre	ess	
City	State	ZIP xxxxx-xxxx	Phone (xxx) xxx-xxxx

Head of Household Section - for consistency throughout the diocese, the husband is the Head of Household in married couples. Non-married adults must complete individual registration forms.

First, Middle, and Nickname	Mr. / Mrs. / Ms.	Birth Date (MM/DD/YYYY)	Religion (if not Catholic) -
			Race/Ethnicity -
Married Single And	nulled Divorced Widowed	Wedding Date (MM/DD/YYYY)	Did you marry in a Catholic ceremony (or in a ceremony valid for the Catholic Church)? YES NO
Occupation and Job Title	Graduation Year, Current School(s), and Degree	Work Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx

Wife Section (if married)

First, Middle, and Nickname	Mrs. / Ms.	Birth Date (MM/DD/YYYY)	Religion (if not Catholic) -
			Race/Ethnicity -
Occupation and Job Title	Graduation Year, Current School(s), and Degree	Work Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx

Other Members of Household Section

First, Middle, and Nickname of each member of household (Only indicate last name if different from above).	Date of Birth (MM/DD/YYYY)	M/F	Occupation and Job Title and/or Graduation Year, Current School(s), and Degree	Religion (if not Catholic) Race/Ethnicity					
1.									
If this person is an adult (age 18 or older) do they wish to	If this person is an adult (age 18 or older) do they wish to receive their own separate offertory envelope? YES								
2.									
If this person is an adult (age 18 or older) do they wish to	NO								
3.									
If this person is an adult (age 18 or older) do they wish to	NO								
4.									
If this person is an adult (age 18 or older) do they wish to	NO								
5. Attach a separate page with information for five or more members.									

Sacraments Received - Please indicate approximate YEAR each Sacrament was received for <u>each member</u> of household, if known.

First Name	Baptized?	Faith of Baptism	1st Reconciliation?	1st Communion?	Confirmed?

Additional Questions							
Which Mass (or Masses) do y St. Francis of Assisi, Belleville St. Patrick's, Albany - Tue 8:0	e - Mon-Wed-Thurs-	•	8:00 am and 10:30 am	1.			
I would like information abou	t planned giving (in i	my will or alternative options)	☐ YES ☐ NO				
I am interested in having my o	offertory contribution	taken electronically/automat	ically from my bank ac	ccount – please contact n	ne □ YES □ NO		
How would you prefer the par	rish to contact you?	☐ Mail ☐ Phone ☐ E-ma	uil				
Please leave the following unl	listed on parish repor	ts and hand-outs: Phone	☐ E-mail ☐ Addres	SS			
Emergency contact and phone	e number:						
If any member's first languag	e is something other	than English, state their name	and language here:				
Comments/Questions:							