

**St. Casimir Parish
Family Registration**

Family ID # _____ (office use only)

Date: _____

Family Information:

Last Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Home/office/cell/other Unlisted? Yes/No

Phone: _____ Home/office/cell/other Unlisted? Yes/No

Family Email: _____

Member Information: (single, husband, wife, child)

Member Name: Last: _____ First _____ Middle _____

Maiden Name: _____

Relationship: _____ Gender: _____ Birthdate: _____

Occupation: _____ Work phone: _____ Email: _____

Sacramental Information: Baptized: _____ Catholic: _____ Reconciliation: _____

First Eucharist: _____ Confirmation: _____

Marital Status: _____ Anniversary Date: _____ Wedding Church/City: _____

I would like to volunteer the following skills: _____

I would like to volunteer for the following ministries: _____

Member Information: (single, husband, wife, child)

Member Name: Last: _____ First _____ Middle _____

Maiden Name: _____

Relationship: _____ Gender: _____ Birthdate: _____

Occupation: _____ Work phone: _____ Email: _____

Sacramental Information: Baptized: _____ Catholic: _____ Reconciliation: _____

First Eucharist: _____ Confirmation: _____

Marital Status: _____ Anniversary Date: _____ Wedding Church/City: _____

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Member Name: Last: _____ First _____ Middle _____

Maiden Name: _____

Relationship: _____ Gender: _____ Birthdate: _____

Occupation: _____ Work phone: _____ Email: _____

Sacramental Information: Baptized: _____ Catholic: _____ Reconciliation: _____

First Eucharist: _____ Confirmation: _____

Marital Status: _____ Anniversary Date: _____ Wedding Church/City: _____

I would like to volunteer the following skills: _____

I would like to volunteer for the following ministries: _____

Special Notations: