

Today's Date: _____

ST EMILY PARISH REGISTRATION

Parish # _____

LAST NAME: _____		ONLINE GIVING <input type="checkbox"/> ENVELOPES (MARK ONE) <input type="checkbox"/>	
Home Phone: _____		Cell Phone: _____	
E-Mail: _____			
Address: _____			
City: _____		ZIP Code: _____	
Language Spoken: _____			
Adult #1 Name <small>(first & last if different than above)</small>	Date of birth <small>mm/dd/yyyy</small>	Single/Married Divorced/Widow	Male/Female
		Religion	Occupation
Sacraments Received: Baptism Yes No If Yes, when & where			
1 st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Adult #2 Name <small>(first & last if different than above)</small>	Date of birth <small>mm/dd/yyyy</small>	Single/Married Divorced/Widow	Male/Female
		Religion	Occupation
Sacraments Received: Baptism Yes No If Yes, when & where			
1 st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Marriage Yes No If Yes, when & where			
		Maiden Name:	
Married by Catholic Priest/Deacon? Yes No Would you like to speak to a priest about a: <input type="checkbox"/> Yes <input type="checkbox"/> No convalidation (blessing of marriage) <input type="checkbox"/> Yes <input type="checkbox"/> No annulment			
Child's Name:			
<small>(first & last if different than above)</small>		Date of birth <small>mm/dd/yyyy</small>	Male/Female
		City/State of Birth	
Sacraments Received: Baptism Yes No If Yes, when & where			
1 st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Child's Name:			
<small>(first & last if different than above)</small>		Date of birth <small>mm/dd/yyyy</small>	Male/Female
		City/State of Birth	
Sacraments Received: Baptism Yes No If Yes, when & where			
1 st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			

Continue on next page

Child's Name: (first & last if different than above)	Date of birth mm/dd/yyyy	Male/ Female	City/State of Birth
Sacraments Received: Baptism Yes No If Yes, when & where			
1st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Child's Name: (first & last if different than above)	Date of birth mm/dd/yyyy	Male/ Female	City/State of Birth
Sacraments Received: Baptism Yes No If Yes, when & where			
1st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Child's Name: (first & last if different than above)	Date of birth mm/dd/yyyy	Male/ Female	City/State of Birth
Sacraments Received: Baptism Yes No If Yes, when & where			
1st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Child's Name: (first & last if different than above)	Date of birth mm/dd/yyyy	Male/ Female	City/State of Birth
Sacraments Received: Baptism Yes No If Yes, when & where			
1st Communion Yes No If Yes, when & where			
Confirmation Yes No If Yes, when & where			
Any Special Needs of Any Family Members:			
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___YES ___ NO I give my permission for the use of photographs/videos. Exceptions: Please explain _____			
I give permission for my family's information to be given out to parish organizations only (no outside solicitation) for mailings, events, etc. Yes _____ No _____ (please initial)			
Signature:			Date: