# Household Registration

TODAY'S DATE _____

**Last Name** _____

**Home Phone** _____

**Street Address** _____

_____

**City** _____ **Zip Code** _____

| Primary Contact | |
|---|---|
| | Name |
| | Email |
| | Cell Phone |

| Secondary Contact | |
|---|---|
| | Name |
| | Email |
| | Cell Phone |

**Interested in receiving information about:**

☐ SFA Day School

☐ PSR Program

**Primary Contact Phone listed in Parish Directory?** ◯ Y | ◯ N

| | Head of Household | Spouse | First Dependent | Second Dependent | Third Dependent | Fourth Dependent | Fifth Dependent |
|---|---|---|---|---|---|---|---|
| First Name | | | | | | | |
| Nickname | | | | | | | |
| Middle Name | | | | | | | |
| Maiden Name | | | | | | | |
| Date of Birth | | | | | | | |
| General Occupation | | | | | | | |
| Baptized Catholic | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ |
| Baptized Other | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ |
| Catholic Eucharist | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ |
| Catholic Confirmation | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ | ◯ Y N ◯ |

**What way will you make your financial contributions to the parish?** ◯ Weekly Envelopes | ◯ Online (Flexible Scheduled Payments)

**By registering at St. Francis of Assisi Parish, your email** will be added to our email list. **There is an unsubscribe option if desired.**

**Marital Status**

◯ Single | ◯ Married | ◯ Widowed | ◯ Divorced

***If Married:*** Wedding Date _____

***If Married in the Catholic Church:*** Name of Church _____ City, State _____