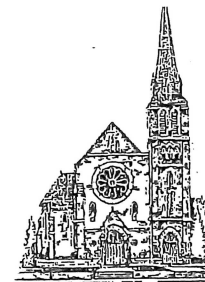


OFFICE USE ONLY: Reg.# _____

St. Patrick's Parish Registration

Family Unit Questionnaire



Family Surname _____

Hheads of Household

1.

Last Name	First Name	M.I.	Employer	Business Telephone	Email	Religious Affiliation (RC/Prot./Jewish/Other)
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2.

Last Name	First Name	M.I.	Employer	Business Telephone	Email	Religious Affiliation (RC/Prot./Jewish/Other)
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Address						
Street No.	Street Name	Apt. No.	City	Postal Code	Home Telephone (Listed or Unlisted)	Cellular Phone

[illegible]

Date and Place of Marriage _____ Wife's Maiden Name _____

Family Information (Please Include All Family Members Including Heads of Household)

First Name	M.I.	Last Name	Sex	Birthdate M/D/Y	Sacraments Received (Bap./Euch./Conf./Rec.)
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1.

2.

3.

4.

5.

6.

7.

8.

Would You Like to Use Offering Envelopes Yes/No _____