

St. James the Apostle Catholic Church
Family Registration Form

Family Registration			
Family ID #: _____		Today's Date: ____/____/____	
Family Name: Head: Last: _____ First: _____ Title: _____ Suffix: _____ Spouse: Last: _____ First: _____ Title: _____			
Name formats used in mailings: Informal Salutation: _____ <i>Ex: John & Mary</i>		Mailing Name: _____ <i>Ex: Mr. and Mrs. John Smith</i> Formal: _____ <i>Ex: Mr. and Mrs. Smith</i>	
Street Address Line 1: _____ Street Address Line 2: _____ Geo. Area Number: _____		Street City/State: _____ Street Zip: _____ Registered: _____ Family Status: _____	
Phone: _____		Description: Home/Office/Cell/Other _____	
Phone: _____		Description: Home/Office/Cell/Other _____	
Email: _____		Send Email? _____ Parish: _____	
Mailing Address: Line 1: _____ (if different) Line 2: _____		City/State: _____ Zip: _____	
Remarks: _____			
Member Registration			
Member Name: Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____			
Name formats used in mailings: Informal Salutation: _____ <i>Ex: Jeanne</i>		Mailing Name: _____ <i>Ex: Jeanne Van Loon</i> Formal Salutation: _____ <i>Ex: Mrs. Van Loon</i>	
Personal Information: Grade/Degree: _____ Language: _____ Religion: _____ Location: _____		Relationship: _____ Gender: _____ Ethnicity: _____ Disability: _____	
Type: _____ Marital Status: _____ Birthdate: _____ Occupation: _____			
Phone: _____ Type: _____		Unl: Y/N Email: _____ Type: _____ Prefer Email? Y/N	
Remarks: _____			
Birthplace: _____ Father: _____ Mother: _____ Maiden Name: _____			
Baptism: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: Approx. / Yes / No Church Name: _____	
Confirm: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: Approx. / Yes / No Church Name: _____	
Marriage: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: Approx. / Yes / No Church Name: _____	
1st Comm: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: Approx. / Yes / No Church Name: _____	
Penance: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: Approx. / Yes / No Church Name: _____	
I would like to volunteer the following skills: _____			
I would like to volunteer for the following ministries: _____			
Member Registration			
Member Name: Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Title: _____ Suffix: _____ Maiden Name: _____			
Name formats used in mailings: Informal Salutation: _____ <i>Ex: Jeanne</i>		Mailing Name: _____ <i>Ex: Jeanne Van Loon</i> Formal Salutation: _____ <i>Ex: Mrs. Van Loon</i>	

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Member Registration			
Personal Information: Grade/Degree: _____ Language: _____ Religion: _____ Location: _____		Relationship: Gender: _____ Ethnicity: _____ Disability: _____	
Type: Marital Status: _____ Birthdate: _____ Occupation: _____			
Phone: _____ Type: _____		Unl: <u>Y/N</u> Email: _____ Type: _____ Prefer Email? <u>Y/N</u>	
Remarks:			
Birthplace: _____ Birth Father: _____ Birth Mother: _____ Maiden Name: _____			
Baptism: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: <u>Approx. / Yes / No</u> Church Name: _____	
Confirm: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: <u>Approx. / Yes / No</u> Church Name: _____	
Marriage: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: <u>Approx. / Yes / No</u> Church Name: _____	
1st Comm: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: <u>Approx. / Yes / No</u> Church Name: _____	
Penance: Name/Extra Info: _____ Performed by: _____		Date: _____ Status: <u>Approx. / Yes / No</u> Church Name: _____	
I would like to volunteer the following skills:			
I would like to volunteer for the following ministries:			