St. Philip Neri Parish Registration

Family ID #_____
(for office use only)

Please PRINT everything on this form:

Today's Date:_____

Family Name _____ **Wife's maiden name** _____

Address:_____
City, State Zip/Postal Code

Mail should be addressed:_____
(i.e. Dr. & Mrs. John Smith, Miss Jennifer Brown, E. A. Jones, etc.)

Primary Phone:_____ **Secondary Phone:**_____ **E-Mail**_____

Family Status: ***Circle appropriate description:*** married divorced widowed single parent single

MEMBER DATA: **(For all those listing the above address as their home or residence)**

First Names	Date of Birth	Relationship	Occupation	Religion	* Sacraments NOT Received	Informal Name

*Please indicate by **number**, the sacraments **NOT received**: 1 = Baptism, 2 = Confirmation, 3= Eucharist
4 = Matrimony

1/04