

REGISTRATION - ST MARY MAGDALENE - APEX NC

Household last name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

OFFICE USE
Record # _____
Date Reg _____ / _____ / _____

ADULTS IN HOUSEHOLD

[If family, put husband first] If you have a preference about how mail should be addressed to your household, indicate here: _____

First Adult: _____ M F Title _____
name first middle last [Ms Mrs Dr etc]

Birth day _____ / _____ / _____ Highest Grade / Degree Achieved _____ Race/Ethnic _____
month day year

Marital Status: circle one: Married Single Widowed Separated Divorced

Occupation _____ Employed at _____ Phone _____

Religion _____ If Catholic, are you: Baptized _____ 1st Communion _____ Confirmed _____

Previous Parish Involvements/Ministries: _____

Second Adult: _____ M F Title _____
name first middle last [Ms Mrs Dr etc]

Birth day _____ / _____ / _____ Highest Grade / Degree Achieved _____ Race/Ethnic _____
month day year

Marital Status: circle one: Married Single Widowed Separated Divorced

Occupation _____ Employed at _____ Phone _____

Religion _____ If Catholic, are you: Baptized _____ 1st Communion _____ Confirmed _____

Previous Parish Involvements/Ministries: _____

CHILDREN AT HOME

Name: _____ M F Birthday: ____/____/____
 first middle last month day year

Sacraments Received: _____ Baptism _____ 1st Reconciliation _____ 1st Communion _____ Confirmation _____

School now attending _____ Current Grade _____

[Or: year child will enter Kindergarten] _____

Name: _____ M F Birthday: ____/____/____
 first middle last month day year

Sacraments Received: _____ Baptism _____ 1st Reconciliation _____ 1st Communion _____ Confirmation _____

School now attending _____ Current Grade _____

[Or: year child will enter Kindergarten] _____

Name: _____ M F Birthday: ____/____/____
 first middle last month day year

Sacraments Received: _____ Baptism _____ 1st Reconciliation _____ 1st Communion _____ Confirmation _____

School now attending _____ Current Grade _____

[Or: year child will enter Kindergarten] _____

Name: _____ M F Birthday: ____/____/____
 first middle last month day year

Sacraments Received: _____ Baptism _____ 1st Reconciliation _____ 1st Communion _____ Confirmation _____

School now attending _____ Current Grade _____

[Or: year child will enter Kindergarten] _____

Year household moved to this area: _____

Name of subdivision/neighborhood _____

Name of parish transferring from: _____