

ST. JUDE THE APOSTLE ~ REGISTRATION FORM

Rectory Phone: 694-0540

Family Name(s): _____ Registration Date: ____/____/____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Unlisted? Yes / No Work: _____ Cell: _____

Emails: _____

Adults in the household (Please use both first & last names)

Adult Names Living in Household	Religion	Age and DOB	Occupation or Skills	Baptism/Place/Date	Communion/Place/Date	Confirmation/Place/Date

- **Marital Status:** Single or Married (if married, please answer the following)

Marriage Date: ____/____/____ Church: _____ City/State: _____ Wife's Maiden Name: _____

- Divorced Separated Widowed Engaged (Marriage Date: ____/____/____)

CHILDREN IN THE HOUSEHOLD (Please use both first and last names)

Child's Name	Religion	Age & DOB	M/F	School	Grade	Baptism/Place/Date	Communion/Place/Date	Confirmation/Place/Date	Attending Rel Education

Special Talents/Ministries interested in? (ie: Lector/teach Religious Ed/Choir, etc.) _____ (Use reverse side for details)

Why did you choose St. Jude the Apostle? _____ Comments? (reverse side)