

**ST. SEBASTIAN CONGREGATION
MEMBERSHIP REGISTRATION**

Please PRINT all information

Date /1/2018

HOUSEHOLD INFORMATION Please tell us *exactly* how you wish your household name to be listed and your mail addresses (for example: Mr. And Mrs. John J. Jones; John and Mary Jones; Mary and John Jones; John Jones and Mary Smith; Ms. Susan Doe; Mr. David Doe, etc. Please be precise!)

NAMES _____ EMAIL _____

ADDRESS _____ APT. _____ CITY _____ ZIP _____

HOME telephone number _____ Cell phone _____

Please use do not use my cell phone as my main contact number. Please list do not list my phone number in the parish directory.

ADULT INDIVIDUAL INFORMATION

Adult

Spouse or other Adult

Name: (first, initial, last) _____

Maiden Name: _____

Birthdate: _____ Mo _____ Day 19____ Year _____ Mo _____ Day _____ Year

Religion: Catholic _____

Baptism: Yes No Yes No

(Catholics) First Communion: Yes No Yes No

(Catholics) Confirmation: Yes No Yes No

(Catholics) Mass Attendance: _____ Always _____ Sometimes _____ Never _____ Always _____ Sometimes _____ Never

Marital Status: _____ Single _____ Engaged _____ Married _____ Single _____ Engaged _____ Married
 Divorced Widowed Divorced Widowed

Occupation: _____

Place of Occupation: _____

Work Phone Number: _____

Previous Parish and City _____

Grade School Alumnus? _____

If married, married according to church law? _____ Yes _____ No

Place of Ceremony _____ City _____ Date _____ Mo _____ Day _____ Yr

INFORMATION ABOUT CHILDREN UNDER THE AGE OF 18 YEARS

(Adults over 18 should register separately)

Please list the oldest first, continue in descending order of age.

NAME	Last Name	BIRTHDATE	BAPTISM	1st COMM	CONFIR- MATION	SCHOOL / GRADE	ATTENDING Religious Education
First and Middle	(If different from parents)	Mon/ Day/ Year	Yes/ No	Yes/ No	Yes/ No		Yes/ No

Is there anything special the parish can do for you?