

ST. MICHAEL'S CHURCH MEMBER FORM

NOTE: Please include **at least** one phone number. Any questions please call 468-6033.

Family Name: (Last Name) _____

Street Address: _____ **P.O. Address** _____

Head of Household Names:

1. Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Cell #: _____

2. Name: _____ Maiden Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Cell #: _____

Date of Marriage: _____ Home Phone #: _____

Email Address: _____

Status: (Select One)

No Longer a Member of Parish

Single

Separated/Divorced

Widow/Widower

Catholic Marriage (Couple, Both Catholic)

Catholic Marriage (One Catholic, One Not)

Both Catholic – Married Outside of the Church

One Catholic – Married Outside of the Church

Additional Members That Live In The Home:

1. First Name: _____ Last Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No

Grade: _____ School: _____

2. First Name: _____ Last Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No

Grade: _____ School: _____

3. First Name: _____ Last Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No

Grade: _____ School: _____

4. First Name: _____ Last Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No

Grade: _____ School: _____

5. First Name: _____ Last Name: _____ Date of Birth: _____

Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No

Grade: _____ School: _____

Signature _____

REMARKS: