

# 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REMARKS:**