St. Philip Neri Parish Registration

Family ID# _____
(for office use only)

Please **PRINT** everything on this form.

Today's Date: _____

Family Name: _____ **Wife's maiden name** _____

Address: _____
Street **City, State** **Zip/Postal Code**

Mail should be addressed: _____
(i.e Dr. & Mrs. John Smith, Miss Jennifer Brown, E.A. Jones, etc.)

Primary Phone: _____ **Alt. Phone:** _____ **E-Mail:** _____

Family Status: ***Check one*:** ___ married ___ divorced ___ widowed ___ single parent ___ single

MEMBER DATA: (For all those listing the above address as their home or residence)

First Names	Date of Birth	Relationship	Occupation	Religion	* Sacraments NOT Received	Informal Name

*Please indicate by **number,** the sacraments **NOT received:**

1 = Baptism 2 = Confirmation 3 = Eucharist 4 = Matrimony