



St. Francis Xavier Parish Registration Form

Family Information

Family Name	<table border="0"><tr><td>Head of Household</td><td>Spouse</td></tr><tr><td>Last Name: _____</td><td>Last Name: _____</td></tr><tr><td>First Name: _____</td><td>First Name: _____</td></tr><tr><td>Mr. Mrs. Miss Ms. Dr.</td><td>Mr. Mrs. Ms. Dr.</td></tr><tr><td>Sr. Suffix: _____</td><td></td></tr><tr><td colspan="2">Name formats used in mailings:</td></tr><tr><td colspan="2">Mailing Name (Ex. Mr. & Mrs. John Smith): _____</td></tr><tr><td colspan="2">Informal Salutation: (ex. John and Mary): _____</td></tr><tr><td colspan="2">Formal Salutation (Ex. Mr & Mrs. Smith): _____</td></tr></table>	Head of Household	Spouse	Last Name: _____	Last Name: _____	First Name: _____	First Name: _____	Mr. Mrs. Miss Ms. Dr.	Mr. Mrs. Ms. Dr.	Sr. Suffix: _____		Name formats used in mailings:		Mailing Name (Ex. Mr. & Mrs. John Smith): _____		Informal Salutation: (ex. John and Mary): _____		Formal Salutation (Ex. Mr & Mrs. Smith): _____	
Head of Household	Spouse																		
Last Name: _____	Last Name: _____																		
First Name: _____	First Name: _____																		
Mr. Mrs. Miss Ms. Dr.	Mr. Mrs. Ms. Dr.																		
Sr. Suffix: _____																			
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Mailing Name (Ex. Mr. & Mrs. John Smith): _____																			
Informal Salutation: (ex. John and Mary): _____																			
Formal Salutation (Ex. Mr & Mrs. Smith): _____																			
Family Info	Date of Registration: _____ Street Address Line 1: _____ Street Address Line 2: _____ City _____ Zip Code _____ Home Phone Number: _____ Unlisted? <input type="checkbox"/> Yes Email Address: _____ Send email when possible? <input type="checkbox"/> Yes																		
Mailing Address (if different from street address)	Mailing Address Line 1: _____ Mailing Address Line 2: _____ Mailing City/State: _____ Zip Code _____																		
Talents:	I / We would like to volunteer the following skills: _____ _____ _____ _____																		
Ministries:	I / We would like to volunteer the following to serve in the following ministries: _____ _____ _____ _____ _____																		

Office Use Only: ID/Envelope Number: _____ Date Entered: _____ Initials: _____

**St. Francis Xavier Parish
Registration Form—Part 2**

Please complete and print ONE FORM for each family member

Member Detail:	Last Name: _____ First Name: _____ MI: _____ Title: Mr. Mrs. Miss Ms. Dr. Sr. Suffix: _____ Other: _____ Maiden Name: _____ Nickname: _____ Mailing Name: _____ Formal Salutation: _____ Informal Salutation: _____
Personal:	Head of Household Spouse Child Adult Other Marital Status: Single Married Separated Divorced Gender: Female Male Birth Date (mm/dd/yyyy): _____ / _____ / _____ Religion: Roman Catholic Other: _____ Occupation: _____ SFX Day School Alumni(a): Yes Year of Graduation: _____
Phone/ Email:	Phone: _____ Work Cell Other Unlisted? Yes Phone: _____ Work Cell Other Unlisted? Yes Email: _____ Home Work Email: _____ Home Work
Sacraments:	Birthplace: _____ Father's Name: _____ Mother's Name: _____ Mother's Maiden Name: _____ Baptism Baptismal Name: _____ Date (mm/dd/yyyy): _____ / _____ / _____ Date is: Approximate Uncertain Church Name: _____ City: _____ State: _____ Godparents: _____ First Communion Date (mm/dd/yyyy): _____ / _____ / _____ Date is: Approximate Uncertain Church Name: _____ City: _____ State: _____ Reconciliation Date (mm/dd/yyyy): _____ / _____ / _____ Date is: Approximate Uncertain Church Name: _____ City: _____ State: _____ Confirmation Confirmation Name: _____ Date (mm/dd/yyyy): _____ / _____ / _____ Date is: Approximate Uncertain Church Name: _____ City: _____ State: _____ Sponsor: _____ Marriage Name of Spouse: _____ Date (mm/dd/yyyy): _____ / _____ / _____ Date is: Approximate Uncertain Church Name: _____ City: _____ State: _____ Witnesses: _____

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