

FAMILY INFORMATION

() Registered in SFX Parish / Parish Number: _____ New Families Only: Previous Parish: _____

Mother's Name: _____
Name: _____

Father's

_____ **Maiden Name**

_____ **Religion**

_____ **Religion**

Address: _____
(if different from participant)

_____ **City** _____ **State** _____ **Zip**

Address: _____
(if different from participant)

_____ **City** _____ **State** _____ **Zip**

Home Phone:(_____) _____

Home Phone:(_____) _____

Cell Phone:(_____) _____

Cell Phone:(_____) _____

Work Phone:(_____) _____

Work Phone:(_____) _____

E-Mail:(_____) _____

E-Mail:(_____) _____

Legal Guardian Information:

Parent Status: Living Together: Yes () No ()

If No: **Mother:** Deceased () Separated () Remarried () / **Father:** Deceased () Separated () Remarried ()

Child lives with _____ Relationship _____

(over)