

PARISH OF OUR LADY OF PERPETUAL HELP
 PARISH OF ST. AGNES-RELIGIOUS EDUCATION
 FAMILY INFORMATION FORM

Date _____

Registration Fee: _____

Family Last Name _____

Home Phone _____

Address _____

E-Mail Address _____

Is your family registered at Our Lady of Perpetual Help Church Yes / No If yes, please include envelope # _____

Is your family registered at St. Agnes * * * Yes / No If yes, please include envelope # _____

Work Phones: Mother _____

Father _____

Cell Phones: Mother _____

Father _____

Emergency Contact Person _____

Phone _____

Emergency Relationship _____

Address _____

* * * * *

* * *

Father _____

Religion _____

Baptized? Yes / No Church _____

City/State _____

Confirmed? Yes / No

First Communion? Yes / No

* * * * *

* * *

Mother _____

Religion _____

Baptized? Yes / No Church _____

City/State _____

Confirmed? Yes / No

First Communion? Yes / No

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Are Father and Mother married in the Roman Catholic Church? Yes / No

If no, has marriage been blessed by the Roman Catholic Church? Yes / No

If no, may we help you have your marriage blessed? Yes / No

Divorced? Yes / No Separated? Yes / No Annulled? Yes / No

If divorced, separated or annulled, who has custody of children? _____

* * * * * * * *

PLEASE INCLUDE A COPY EACH CHILDS BAPTISMAL CERTIFICATE

Child's full name _____ Grade Sept. 2011 _____

School attending _____

Birthdate _____ Place of Birth _____ City/State _____

Doctor for Emergency _____ Phone _____

Health Issues/Special Needs _____

	Date	Church	City/State
Baptism	_____	_____	_____
1st Penance	_____	_____	_____
1st Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

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