

ST. LEO MAGNUS ROMAN CATHOLIC CHURCH

NEW PARISHIONER REGISTRATION

DIRECTORY INFORMATION

FAMILY LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ HOUSE PHONE#: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ ZIP _____

FAMILY MEMBER 1

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____

FAMILY MEMBER 2

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____

FAMILY MEMBER 3

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____

FAMILY MEMBER 4

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____

FAMILY MEMBER 5

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____

FAMILY MEMBER 6

LAST NAME: _____ FIRST NAME: _____

FAMILIAR OR NICKNAME: _____ MIDDLE NAME: _____

MAIDEN NAME: _____ GENDER: M F

BIRTHDATE: _____ PLACE: _____

CELL #: _____ EMAIL: _____

ARE YOU: Head of Household Adult Child Minor Child

CATHOLIC: YES NO ~ IF NO, WHAT RELIGION? _____

MARITAL STATUS: Married Single Widowed Divorced Separated

SACRAMENTS RECEIVED

(Please list date and place of each sacrament)

Baptism: _____ First Holy Communion: _____

Confirmation: _____ Marriage: _____

Were you Married by a Priest or Deacon? _____