

St. Gabriel's Church Registration Form

ENV. _____ Date Registered ___/___/___
Family Name _____ PDS _____
Address _____ CM _____
City/State/Zip _____ ENV _____
Phone _____ Email _____
Marital Status: Catholic Church Civil Married-Other Separated S W D Co-Hab

MEMBER

First Name _____ Head Spouse Child Adult
(Maiden Name – if Applicable)
Nick Name _____ Religion: Catholic NC
Handicaps _____ Occupation _____
Birthdate ___/___/___ FEMALE MALE Highest Grade/Degree _____
Baptism ___/___/___ Y N Place _____
Confirmation ___/___/___ Y N Place _____
Marriage ___/___/___ Y N Place _____
Penance ___/___/___ Y N Place _____
Communion ___/___/___ Y N Place _____

MEMBER

First Name _____ Head Spouse Child Adult
(Maiden Name – if Applicable)
Nick Name _____ Religion: Catholic NC
Handicaps _____ Occupation _____
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Baptism ___/___/___ Y N Place _____
Confirmation ___/___/___ Y N Place _____
Marriage ___/___/___ Y N Place _____
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Communion ___/___/___ Y N Place _____

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Nick Name _____

Religion: Catholic NC

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