

St. Genevieve Parish Registration Form

Date:	OFFICE USE: Received:	PDS: OSV: Envelope Number					
Family Name:	Circle Mailing Label T	itle: Mr. Mrs. Mr. & Mrs. Miss Ms. Other					
Address:	Apt#	City: State: Zip:					
Phone #: ()	E-mail address:						
Head of Household:		Spouse:					
First Name:	M.ISEX: M F	First Name: M.I. SEX: M F					
Maiden name:		Maiden name:					
Nickname:		Nickname:					
	Religion:	Date of Birth: Religion:					
Occupation:		Occupation:					
		Cell Phone					
		E-mail address:					
Sacraments Received (pl		Sacraments Received (please circle):					
-	First Communion Confirmation	Baptism First Communion Confirmation Where:					
Current Marital Status:	Single Married by a Catholic Pr	riest or Deacon Yes or No If Yes, where:					
	Widowed Divorced	Wedding Date:					
Children/Relatives/Other	s living at home						

Firs	t Name	M.I.	Last Name	Birth Date	Sex	Religion	Sacraments Received Baptism 1st Communion Confirm (Y for yes (where) and N for no)			Grade	Relationship to Head of Household
					M/F						
					M/F						
					M/F						
					M/F						
					M/F						