ST. MICHAEL PARISH REGISTRATION

458 Maple Street, Livermore CA 94550

CONFIDENTIAL
PLEASE PRINT CLEARLY

FAMILY NAME/LAST	FIRST	SPOUSE	OFFICE
			Reg. No.
ADDRESS	**CITY**	**ZIP CODE**	**Date Reg.**
			☐ Check here if you do not wish to receive our weekly newsletter.
HOME PHONE NO. (Include Area Code)	**(His) CELL PHONE NO.**	**(Hers) CELL PHONE NO.**	
FAMILY E-MAIL ADDRESS	**(His) E-mail Address**	**(Hers) E-mail Address**	**WIFE'S MAIDEN NAME**

LIST EACH FAMILY MEMBER

FIRST NAME (and last if different from family name)	Middle Initial	Male or Female	Date Of Birth	Occupation	Marital Status (see "A" below)	Religion (see "B" below)	Baptized (Yes/No)	1st Communion (Yes/No)	Confirmation (Yes/No)	Ethnicity

A: MARITAL STATUS
1 - Catholic Marriage
2 - Divorced
3 - Married/Non-Catholic Marriage
4 - Separated
5 - Single
6 - Widow/Widower

B: RELIGION
1 - Catholic
2 - Not Baptized
3 - Other
_____

COMMENTS :
_____
_____
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