

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.
			<input type="checkbox"/> 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 TEACH 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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