

**Church of The Resurrection**  
**Family Registration**  
 63 Mason Rd, Fairport, NY 14450 (585) 223-5500

Reg Date:  /  /

Last Name:  First Name(s):   
 Mailing Name (ie Mr. & Mrs. John Doe)   
 Address:  Add2:   
 City:  State:  Zip:  -   
 AreaCode:  Home Phone:  Emerg. Phone:   
 Family Email:  Env#

**Individual Member Information**

|   |  |  |
|---|--|--|
| Parish Status: <small>(Active, Inactive)</small>                | <input type="text"/>   | <input type="text"/>   |
| Role: <small>(Head of House, Husband, Wife etc.)</small>        | <input type="text"/>   | <input type="text"/>   |
| First Name / Nickname:  | <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/>  |
| Gender:   | Male / Female (Maiden) <input type="text"/>  | Male / Female (Maiden) <input type="text"/>  |
| DOB (mm/dd/yyyy):   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Email:  | <input type="text"/>   | <input type="text"/>   |
| Work Phone/Cell Phone:  | <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/>  |
| First Language:   | <input type="text"/>   | <input type="text"/>   |
| Occupation/Employer:  | <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/>  |
| Sacramental Info:   | Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>  | Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>  |
| Dates (mm/dd/yyyy):   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| <small>(Single, Married, Separated, Divorced, Annulled)</small> | Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> | Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> |
| Marital Status:   | <input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |

Are there any members of your household who would like to be visited by a priest?

**Dependent Children Information**

| Relationship to Head of Household<br><small>(Son, Daughter, Mother Father etc.)</small> | First Name / Last Name   | Gender   | Birthdate & Birthplace   | H.S. Grad Yr   | School First Language  |
|---|--|--|--|--|--|
| 1.  | <input type="text"/>   | M / F  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>   | <input type="text"/>   |
| Check if Sacrament Received. Add Date if known.   | Baptism <input type="checkbox"/>                                   | Catholic? <input type="checkbox"/>                                 | Eucharist <input type="checkbox"/>                                 | Reconciliation <input type="checkbox"/>                            | Confirmation <input type="checkbox"/>                              |
|   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 2.  | <input type="text"/>   | M / F  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>   | <input type="text"/>   |
| Check if Sacrament Received. Add Date if known.   | Baptism <input type="checkbox"/>                                   | Catholic? <input type="checkbox"/>                                 | Eucharist <input type="checkbox"/>                                 | Reconciliation <input type="checkbox"/>                            | Confirmation <input type="checkbox"/>                              |
|   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 3.  | <input type="text"/>   | M / F  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>   | <input type="text"/>   |
| Check if Sacrament Received. Add Date if known.   | Baptism <input type="checkbox"/>                                   | Catholic? <input type="checkbox"/>                                 | Eucharist <input type="checkbox"/>                                 | Reconciliation <input type="checkbox"/>                            | Confirmation <input type="checkbox"/>                              |
|   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.