



St. Jude of the Lake Family Registration Form

Office use only: Env # _____ Date Registered: _____

Do you want to suppress: Mail Directory

Would you like to receive Offertory Envelopes Yes No

Family Information

Last Name:		2 nd Address:
Address:		
City:		
State/Zip:		Dates of Residence:
Home Phone:		____/____/____ thru ____/____/____
Family e-mail:		

Head of Household Information

Full Name:			
Nick Name:		Occupation:	Title:
Maiden Name:		Talents:	
E-mail:			

Phone Numbers

Work:		Sacraments: <input type="checkbox"/> Baptism ____/____/____ <input type="checkbox"/> 1 st Eucharist ____/____/____ <input type="checkbox"/> 1 st Reconciliation ____/____/____ <input type="checkbox"/> Confirmation ____/____/____ <input type="checkbox"/> Marriage ____/____/____ Church of Baptism: _____ Church of Marriage: _____
Cell:		
Other:		
Religion:		
Gender:		
Date of Birth:	____/____/____ State: _____	
Marital Status:		
Anniversary Date:	____/____/____	

Spouse Information

Full Name:			
Nick Name:		Occupation:	Title:
Maiden Name:		Talents:	
E-mail:			

Phone Numbers

Work:		Sacraments: <input type="checkbox"/> Baptism ____/____/____ <input type="checkbox"/> 1 st Eucharist ____/____/____ <input type="checkbox"/> 1 st Reconciliation ____/____/____ <input type="checkbox"/> Confirmation ____/____/____ <input type="checkbox"/> Marriage ____/____/____ Church of Baptism: _____ Church of Marriage: _____
Cell:		
Other:		
Religion:		
Gender:		
Date of Birth:	____/____/____ State: _____	
Marital Status:		
Anniversary Date:	____/____/____	

Child Information (under 21 only)			
Full Name:			
Nick Name:		Grade:	School:
Emergency Contact Information:			
Name:		Sacraments: <input type="checkbox"/> Baptism ____/____/____ <input type="checkbox"/> 1 st Eucharist ____/____/____ <input type="checkbox"/> 1 st Reconciliation ____/____/____ <input type="checkbox"/> Confirmation ____/____/____ Church of Baptism(include city & state): _____	
Relation:			
Number:			
Other:			
Religion:			
Gender:			
Date of Birth:	____/____/____	State:	_____
Special Needs:			

Child Information (under 21 only)			
Full Name:			
Nick Name:		Grade:	School:
Emergency Contact Information:			
Name:		Sacraments: <input type="checkbox"/> Baptism ____/____/____ <input type="checkbox"/> 1 st Eucharist ____/____/____ <input type="checkbox"/> 1 st Reconciliation ____/____/____ <input type="checkbox"/> Confirmation ____/____/____ Church of Baptism(include city & state): _____	
Relation:			
Number:			
Other:			
Religion:			
Gender:			
Date of Birth:	____/____/____	State:	_____
Special Needs:			

Child Information (under 21 only)			
Full Name:			
Nick Name:		Grade:	School:
Emergency Contact Information:			
Name:		Sacraments: <input type="checkbox"/> Baptism ____/____/____ <input type="checkbox"/> 1 st Eucharist ____/____/____ <input type="checkbox"/> 1 st Reconciliation ____/____/____ <input type="checkbox"/> Confirmation ____/____/____ Church of Baptism(include city & state): _____	
Relation:			
Number:			
Other:			
Religion:			
Gender:			
Date of Birth:	____/____/____	State:	_____
Special Needs:			