Spirit of Life Parish

Family Registration

801 First St SE, Mandan, ND 58554 (701) 663-1660

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: *(Active, Inactive)*		
Role: *(Head of House, Husband, Wife etc.)*		
First Name / Nickname:	/	/
Gender:	Male / Female (Maiden)	Male / Female (Maiden)
DOB (mm/dd/yyyy):	/ /	/ /
Email:		
Work Phone/Cell Phone:	/	/
First Language:		
Occupation/Employer:	/	/
Sacramental Info:	**Baptized?** **Catholic?**	**Baptized?** **Catholic?**
Dates (mm/dd/yyyy):	/ /	/ /
(Single, Married, Separated, Divorced, Annulled)	**Reconcil?** / / **First Eucharist?** / / **Confirmed?** / /	**Reconcil?** / / **First Eucharist?** / / **Confirmed?** / /
Marital Status:	Valid Catholic Marriage?	

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

Dependent Children Information

Relationship to Head of Household *(Son, Daughter, Mother Father etc.)*	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism *Catholic?*	Eucharist	Reconciliation	Confirmation
		/ /	/ /	/ /	/ /
2.		M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism *Catholic?*	Eucharist	Reconciliation	Confirmation
		/ /	/ /	/ /	/ /
3.		M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism *Catholic?*	Eucharist	Reconciliation	Confirmation
		/ /	/ /	/ /	/ /

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