

St. James Congregation
Registration Form

Last Name—Head of Household _____

Title (circle if used) Mr & Mrs., Mr., Mrs., Miss, Ms., Dr., Other _____

Suffix (circle if used) Jr., Sr., II, III, IV, Other _____

Family Status (circle) Married, Single, Separated, Divorced, Widowed

Name as Appears on Mail: _____

Street Address _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip _____

Primary Phone #: ____ (____) _____ Listed Unlisted

Secondary Phone # _ (____) _____ Listed Unlisted

Email Address: _____

Do you want to receive mailings from us thru your email account? _____ Yes _____ No

Second Residence Address: _____

City, State, Zip _____

Phone # ____ (____) _____

Date of Second Residence:

From month: _____ Day _____ to Month _____ Day _____

Send Mail to Second Residence during that time?

_____ Yes _____ No

For Office Use Only

ID/Env #: _____

Date Reg. _____

Entered By: _____

| Info For Members in Your Home | Male Adult | Female Adult | M F Dependent | M F Dependent | M F Dependent | M F Dependent |
|----------------------------------|------------|--------------|------------------|------------------|------------------|------------------|
| First Name | | | | | | |
| Last Name if Different From Head | | | | | | |
| Maiden Name | | | | | | |
| Nickname | | | | | | |
| Religion | | | | | | |
| Occupation | | | | | | |
| Place of Work or School | | | | | | |
| Business Phone | | | | | | |
| Date of Birth | | | | | | |

If you know the date and/or church of each Sacrament, please write it in the square below. If you do not know the date and/or the church, please state Yes or No if you received the Sacrament.

| | | | | | | |
|---------------|--|--|--|--|--|--|
| Baptism | | | | | | |
| 1st Communion | | | | | | |
| Confirmation | | | | | | |
| Penance | | | | | | |
| Marriage | | | | | | |

Special Notes: