

Saint Michael and Holy Trinity Catholic Church
Family Registration

Reg Date: _____

Parish: HT _____ SM _____

PO Box 278, Hartington, NE 68739 (402)254-6559

Last Name: _____ First Name: _____ Middle Name: _____
Spouse Last Name: _____ First Name: _____ Middle Name: _____
Mailing Name: _____
(ie Mr. & Mrs. John Doe)
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____
Family Email: _____
Would you like information regarding contributions via automatic payment? Yes ___ No ___

You and Your Spouse Individual Member Information

YOU	
First Name/Nick Name: _____ / _____	Gender: _____
(Maiden) _____	Birthdate: _____
Email: _____	Birthplace: _____
Cell Phone: _____	
Role: _____ (Head of Household, Husband, Wife, Etc.)	Marital Status: _____ (Single, Married, Separated, Divorced, Annulled)
	Date Married: _____
	Valid Catholic Marriage?: ___Y ___N
Check if Sacrament received. Add date if known.	Baptism ___ Catholic? ___ Reconciliation ___ Eucharist ___ Confirmation ___ Date: _____ Date: _____ Date: _____ Date: _____

YOUR SPOUSE	
First Name/Nick Name: _____ / _____	Gender: _____
(Maiden) _____	Birthdate: _____
Email: _____	Birthplace: _____
Cell Phone: _____	
Role: _____ (Head of Household, Husband, Wife, Etc.)	
Check if Sacrament received. Add date if known.	Baptism ___ Catholic? ___ Reconciliation ___ Eucharist ___ Confirmation ___ Date: _____ Date: _____ Date: _____ Date: _____

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

Office Use
Date Received:
Envelope #:

Family Information: Dependent Children and Dependent Adults

1)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

2)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

3)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

4)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

5)	First Name _____	Gender _____
	Middle Name _____	Birthdate _____
	Last Name _____	Birthplace _____
	Relationship to Head of Household _____ <small>(Son, Daughter, Mother, Father)</small>	HS Grad Year _____
		School _____
	Baptism ___ Catholic? ___	Reconciliation ___ Eucharist ___ Confirmation ___
Check if Sacrament received. Add date if known.	Date: _____	Date: _____ Date: _____ Date: _____

Add additional sheets as needed.