

St William Parish Family Registration

Reg Date: / /

719 North Main Street, Shelbyville, TN 37160 (931) 684-8745

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>			
Role: <small>(Head of House, Husband, Wife etc.)</small>			
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? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / 	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / 	
Dates (mm/dd/yyyy):	 / / 	 / / 	 / /
<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"/> / / 	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / /
Marital Status:		Valid Catholic Marriage? <input type="checkbox"/>	

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

Dependent Children Information

	Relationship to Head of Household	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 <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
	 / / 	 / / 	 / / 	 / / 	 / / 	
2.		 / 	M / F	 / / 		
	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"/>	
	 / / 	 / / 	 / / 	 / / 	 / / 	
3.		 / 	M / F	 / / 		
	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"/>	
	 / / 	 / / 	 / / 	 / / 	 / / 	

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