

Individual Member Information:

Envelope Number: _____

Last name: _____
First name: _____
Middle name: _____
Nickname: _____
Maiden name: _____
Title: _____ **Suffix:** _____

Relationship:

(check one): Head of Household Spouse Child

Type:

(check one): Adult Adult Child Minor Child

Gender:

(check one): Male Female

Birth Date:

 Month / Day / Year **Father:**
Mother:

Birth Place:

 City and State **Mother's Maiden Name:**

Marital Status:

(check one): Single Engaged Married in the Catholic Church
 Spouse Deceased Separated Divorced Married outside the Catholic Church

Language(s) spoken fluently:

Ethnicity:

(check one): Caucasian African American Hispanic
 Native American Asian Other

Religion:

Sacraments Received:

(check all):

Baptism: Yes / No
First Holy Communion: Yes / No
Confirmation: Yes / No
Marriage: Yes / No

Marriage:

Spouse Name: _____ Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Witness(es): _____