

Reg. Date ___/___/___

St. Anne Parish

Family Registration

221 E. Main St, Lena, WI 54139
920.829.5222
lena@saintannesparish.com

228 E. Main St, Coleman, WI 54112
920.897.3226
coleman@saintannesparish.com

Last Name: _____ First Name(s): _____
Mailing Name(i.e. Mr. & Mrs. John Doe): _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____ - _____
Home Phone: _____ - _____ - _____ Emergency Phone: _____ - _____ - _____
Family Email: _____ Envelope #: _____

Individual Member Information

| | |
|---|--|
| Parish Status:(Active/Inactive) _____ | _____ |
| Role:(Head/Husband/Wife) _____ | _____ |
| First Name/Nickname: _____/_____ | _____/_____ |
| Gender: Male / Female (Maiden) _____ | Male / Female (Maiden) _____ |
| DOB (mm/dd/yyyy): ____/____/_____ | ____/____/_____ |
| Email: _____ | _____ |
| Cell Phone/Work Phone: ____-____-____/____-____-____ | ____-____-____/____-____-____ |
| First Language: _____ | _____ |
| Occupation/Employer: _____/_____ | _____/_____ |
| Sacramental Info: Baptized? ____/____/____ Catholic? _____ | Baptized? ____/____/____ Catholic? _____ |
| Dates: Reconcil? ____/____/____ | Reconcil? ____/____/____ |
| First Eucharist? ____/____/____ | First Eucharist? ____/____/____ |
| Confirmed? ____/____/____ | Confirmed? ____/____/____ |
| Marital Status: _____ Valid Catholic Marriage? ____ | _____ |
| (Single, Married, Separated, Divorced, Annulled) | |
| Are the any members of your household who would like to be visited by a priest? _____ | |

Dependent Children Information

| Relationship to Head | First Name | Last Name | Gender | Birthdate & Place | H.S. Grad Yr. | First Language |
|---|------------|-----------|---------------|-------------------|---------------|----------------|
| 1. _____/_____ | _____ | _____ | M/F ____/____ | ____/____/____ | _____ | _____ |
| Sacrament: Baptism? ____/____/____ Catholic? _____ Eucharist? ____/____/____ Reconc? ____/____/____ Confirm? ____/____/____ | | | | | | |
| 2. _____/_____ | _____ | _____ | M/F ____/____ | ____/____/____ | _____ | _____ |
| Sacrament: Baptism? ____/____/____ Catholic? _____ Eucharist? ____/____/____ Reconc? ____/____/____ Confirm? ____/____/____ | | | | | | |
| 3. _____/_____ | _____ | _____ | M/F ____/____ | ____/____/____ | _____ | _____ |
| Sacrament: Baptism? ____/____/____ Catholic? _____ Eucharist? ____/____/____ Reconc? ____/____/____ Confirm? ____/____/____ | | | | | | |
| 4. _____/_____ | _____ | _____ | M/F ____/____ | ____/____/____ | _____ | _____ |
| Sacrament: Baptism? ____/____/____ Catholic? _____ Eucharist? ____/____/____ Reconc? ____/____/____ Confirm? ____/____/____ | | | | | | |

Please fill in **all** blank boxes and provide changes where necessary. If additional space is needed, please use a second form.