

St. Kenneth Catholic Community Registration Form

Date _____ Envelope # _____
 Family Name (Last Name Only) _____ Home Phone (w/ area code) _____
 Address _____ City _____ Zip Code _____
 Do you want to be listed in the Parish Directory? Yes No
 To check boxes, move cursor over box and left click mouse.

Male Head of Household

First Name _____ Middle Name _____ Last Name _____
 Birthdate _____ Catholic? Yes No If no, what religion? _____
 Baptized? Yes No Communion? Yes No Confirmed? Yes No
 Marital Status S M W D Marriage Date _____ Catholic Marriage? Yes No
 Employer _____ Cell Phone (w/area code) _____
 Occupation _____ Work Phone (w/area code) _____
 Nickname _____ Email: _____

Female Head of Household

Ms. Miss Mrs. First Name _____ Middle Name _____ Last Name _____
 Birthdate _____ Catholic? Yes No (if different)
 If no, what religion? _____
 Baptized? Yes No Communion? Yes No Confirmed? Yes No
 Marital Status S M W D Maiden Name: _____ Catholic Marriage? Yes No
 Employer _____ Cell phone (w/area code) _____
 Occupation _____ Work Phone (w/area code) _____
 Nickname _____ Email: _____

Nicknames to be used in letters, parish directory etc.

Dependents are children still living at home

Dependent 1	Dependent 2
Name _____ <small>First Middle Last (if different)</small>	Name _____ <small>First Middle Last (if different)</small>
Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed years of religious education? _____	Completed years of religious education? _____
School Name _____ Grade _____	School Name _____ Grade _____
Nickname _____	Nickname _____

Religious Ed. _____ Bulletin _____ TAB: _____
 Census _____ Welcome Package: _____ CSA: _____

St. Kenneth Catholic Community Registration Form

Dependent 3	Dependent 4
Name _____ First Middle Last (if different)	Name _____ First Middle Last (if different)
Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed years of religious education? _____	Completed years of religious education? _____
School Name _____ Grade _____	School Name _____ Grade _____
Nickname _____	Nickname _____

Dependent 5	Dependent 6
Name _____ First Middle Last (if different)	Name _____ First Middle Last (if different)
Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed years of religious education? _____	Completed years of religious education? _____
School Name _____ Grade _____	School Name _____ Grade _____
Nickname _____	Nickname _____

Dependent 7	Dependent 8
Name _____ First Middle Last (if different)	Name _____ First Middle Last (if different)
Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed years of religious education? _____	Completed years of religious education? _____
School Name _____ Grade _____	School Name _____ Grade _____
Nickname _____	Nickname _____

Additional Information _____
