

# FAMILY MEMBERSHIP REGISTRATION FORM

Please fill this form out and return it to the parish office either in person, by mail (949 Liberty St., Franklin PA 16323), or in the collection in an envelope marked registration. Thank you!

<b>Head of:</b>	Title _____	Name _____	Gender: ____
<b>Household:</b>	Street Address _____		
	City, State, Zip _____		
	Home Phone: _____		Work Phone: _____
	Nickname: _____		Maiden Name: _____
	Religion: _____		
	Marital Status: _____		Date of Birth: _____
	Occupation: _____		Work Location: _____
	Highest Grade Completed: _____		Full Time Student: Yes No
	If Yes, indicate school _____		
	Baptism:	Date _____	Location _____
	Confirmation:	Date _____	Location _____
	1 <sup>st</sup> Communion:	Date _____	Location _____
	1 <sup>st</sup> Penance:	Date _____	Location _____

Marriage:	Date _____	Location _____
Were you married by a Catholic Priest? _____		
If not, would you like to talk about it? _____		
Family email: _____		

<b>Spouse:</b>	Title _____	Name _____	Gender: ____
Nickname: _____		Religion: _____	
Maiden Name _____			
Marital Status: _____		Date of Birth: _____	
Occupation: _____		Location: _____ PH. _____	
Highest Grade Completed: _____		Full Time Student: Yes No	
If Yes, indicate school _____			
Baptism:	Date _____	Location _____	
Confirmation:	Date _____	Location _____	
1 <sup>st</sup> Communion:	Date _____	Location _____	
1 <sup>st</sup> Penance:	Date _____	Location _____	

**Dependent:** Title \_\_\_\_\_ Name \_\_\_\_\_ Gender: \_\_\_\_  
 Nickname: \_\_\_\_\_ Relation to Head \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Location: \_\_\_\_\_ PH. \_\_\_\_\_  
 Highest Grade Completed: \_\_\_\_\_ Full Time Student: Yes No  
 If Yes, indicate school \_\_\_\_\_  
 Baptism: Date \_\_\_\_\_ Location \_\_\_\_\_  
 Confirmation: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Communion: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Penance: Date \_\_\_\_\_ Location \_\_\_\_\_

**Dependent:** Title \_\_\_\_\_ Name \_\_\_\_\_ Gender: \_\_\_\_  
 Nickname: \_\_\_\_\_ Relation to Head \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Location: \_\_\_\_\_ PH. \_\_\_\_\_  
 Highest Grade Completed: \_\_\_\_\_ Full Time Student: Yes No  
 If Yes, indicate school \_\_\_\_\_  
 Baptism: Date \_\_\_\_\_ Location \_\_\_\_\_  
 Confirmation: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Communion: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Penance: Date \_\_\_\_\_ Location \_\_\_\_\_

**Dependent:** Title \_\_\_\_\_ Name \_\_\_\_\_ Gender: \_\_\_\_  
 Nickname: \_\_\_\_\_ Relation to Head \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Location: \_\_\_\_\_ PH. \_\_\_\_\_  
 Highest Grade Completed: \_\_\_\_\_ Full Time Student: Yes No  
 If Yes, indicate school \_\_\_\_\_  
 Baptism: Date \_\_\_\_\_ Location \_\_\_\_\_  
 Confirmation: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Communion: Date \_\_\_\_\_ Location \_\_\_\_\_  
 1<sup>st</sup> Penance: Date \_\_\_\_\_ Location \_\_\_\_\_

**Please attach another sheet for any other dependents**

**VOLUNTEER INTEREST (For all Family Members)  
 Indicate Names of those Active (A) or Interested (I)**

Choir \_\_\_\_\_  
 Altar Server \_\_\_\_\_  
 Usher \_\_\_\_\_  
 Lector \_\_\_\_\_  
 R.C.I.A. Team \_\_\_\_\_  
 Religious Education Teacher \_\_\_\_\_  
 Religious Education Substitute \_\_\_\_\_  
 Food Pantry Volunteer \_\_\_\_\_

Pre Cana Team \_\_\_\_\_  
 Youth Group Member \_\_\_\_\_  
 Youth Group Leader \_\_\_\_\_  
 Catholic Daughters \_\_\_\_\_  
 Catholic War Veterans \_\_\_\_\_  
 Christian Mothers \_\_\_\_\_  
 Knights of Columbus \_\_\_\_\_