

2017-2018 Religious Education

Parish Registered in: **Our Lady of the Pines** **St. Elizabeth** **Other** _____

Please Print

Mother's Name : _____

Maiden Name: _____

Father's Name: _____

Child lives with: **Both Parents** **Mom** **Dad** _____

Mailing Address: _____

City: _____ **Zip:** _____

Home Phone: _____

Parent Email: _____

Best Way to Reach You: _____

| Please list all family members | Adult | Adult | Child | Child | Child | Child |
|---|-------|-------|-------|-------|-------|-------|
| Member Name | | | | | | |
| Marital Status | | | | | | |
| Religion | | | | | | |
| Occupation/Grade | | | | | | |
| Work Place/School | | | | | | |
| Gender | | | | | | |
| Birth Date | | | | | | |
| Baptism Date (if Known) Y / N | | | | | | |
| Place of Baptism | | | | | | |
| 1st Reconciliation Y / N | | | | | | |
| 1st Communion Date Y / N | | | | | | |
| Confirmation Date Y / N | | | | | | |
| Marriage Date | | | | | | |
| Place of Marriage | | | | | | |
| Email | | | | | | |
| Cell Phone | | | | | | |
| Allergy/Special Needs | | | | | | |

| | | | |
|-------------------------|----------------------|--------------------|-----------------|
| Office Use Only: | Date Received | Family ID # | Recorded |
|-------------------------|----------------------|--------------------|-----------------|