

Env# _____ **St Elizabeth Parish** Reg Date: ____ / ____ / ____

Family Registration

Status: Parishioner / Relig Ed Only / Sacrament Only / Volunteer Only / Staff 750 Sequoia Dr, Milpitas, CA 95035 (408) 262-8100

DO YOU WANT TO RECEIVE OFFERING ENVELOPES? Yes / No

Last Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (____) _____ Emerg. Phone: (____) _____

Family Email: _____

Marital Status: Single / Married / Separated / Divorced / Annulled Valid Catholic Marriage? Y / N

Are there any members of your household who would like to be visited by a priest? _____

Individual Member Information

Role: (circle one)	Husband	Wife	Head of House	Husband	Wife	Head of House
First Name/ Middle	_____ / _____			_____ / _____		
Nickname:	_____			_____		
Gender:	Male / Female	Maiden Name	_____	Male / Female	Maiden Name	_____
DOB (mm/dd/yyyy):	____ / ____ / ____			____ / ____ / ____		
Email:	_____			_____		
Work Phone/Cell Phone:	(____) _____	/(____) _____	_____	(____) _____	/(____) _____	_____
First Language:	_____			_____		
Occupation/Employer:	_____ / _____			_____ / _____		

Dependent Children Information

Relationship to Head of Household (Son, Daughter, Stepchild, etc.)	First Name / Last Name	Gender	Birthdate mm/dd/yyyy	School/ First Language
1. _____	_____ / _____	M / F	____ / ____ / ____	_____
2. _____	_____ / _____	M / F	____ / ____ / ____	_____
3. _____	_____ / _____	M / F	____ / ____ / ____	_____

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second page.