

# SAINT FRANCIS XAVIER PARISH REGISTRATION FORM

Family Name (Surname): \_\_\_\_\_

Date \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

First Name	Religion	Birthdate	Baptized (Yes/No)	First Communion (Yes/No)	Confirmation (Yes/No)	Marital Status

\_\_\_\_\_

(Name)

(Spouses Name, if applicable)

\_\_\_\_\_

(Occupation)

(Occupation - spouse)

\_\_\_\_\_

(Business Name)

(Business Name)

\_\_\_\_\_

(Address)

(Address)

\_\_\_\_\_

(City, State, Zip)

(City, State, Zip)

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(Business Phone)

(Business Phone)

10/25/04