

Instructions:

- Print Neatly!
- Fill out all sections to the best of your ability

St Basil Parish Family Registration

1225 Tuolumne St, Vallejo, CA 94590
(707) 644-5251 Fax: (707) 644-1423

Registration Date: ____ / ____ / ____

Last Name: _____ First Name(s): _____

Mailing Name (i.e. Mr. & Mrs. John Doe): _____

Address: _____ Address Line 2: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (____) _____ - _____ Unlisted? Yes / No

Family Email: _____

Do you currently receive weekly collection envelopes? Yes / No

If No, would you like us to send you some? Yes / No

We/ I have children enrolled in St. Basil School Yes / No

We/ I have children enrolled in St. Basil Pre-School Yes / No

We/ I have children enrolled in Religious Education Yes / No

For Office Use Only

Env#: _____ Parish Soft: _____

OSV: _____ Starter Set: _____

Initials: _____ Date: _____

Individual Member Information

	Head of Household		Spouse	
Role: <i>(Head of Household, Husband, Wife etc.)</i>				
First Name / Nickname:	/		/	
Middle Name/ Last Name (if different):	/		/	
Gender:	Male	Female	Male	Female
Maiden Name:				
DOB (mm/dd/yyyy):	/ /		/ /	
Email:				
Work Phone/Cell Phone:	/		/	
First Language:				
Occupation/Employer:	/		/	

Sacramental Info:

	Head of Household				Spouse			
Religion:								
	Baptized?	Reconciliation?	First Eucharist?	Confirmed?	Baptized?	Reconciliation?	First Eucharist?	Confirmed?
Date (mm/dd/yyyy):								
Church								
City & State								

Marital Info:

Marital Status (Circle One): Single Married Separated Divorced Annulled Remarried Widowed Clergy/Religious Engaged

If married/remarried, please complete:

Catholic Marriage?	Date of Church Marriage	Church Name	City & State	Civil Marriage Date
Yes / No	/ /			/ /

Dependent Children

	Child 1		Child 2		Child 3		Child 4	
Relationship to Head of Household: (Son, Daughter, Mother, Father)								
Last Name								
First Name								
Middle Name								
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Birthdate (mm/dd/yyyy)	/	/	/	/	/	/	/	/
Birthplace								
First Language								
H.S. Graduation Year								
Religion								
Occupation								
Employer / School								
	Child 1				Child 2			
	Baptized?	Reconciliation?	First Eucharist?	Confirmed?	Baptized?	Reconciliation?	First Eucharist?	Confirmed?
Date (mm/dd/yyyy):								
Church								
City & State								
	Child 3				Child 4			
	Baptized?	Reconciliation?	First Eucharist?	Confirmed?	Baptized?	Reconciliation?	First Eucharist?	Confirmed?
Date (mm/dd/yyyy):								
Church								
City & State								

I participate in (P)/desire to participate in (D) the following ministries: H – Head, S – Spouse, C (#) – Child

Altar Servers		St. Basil's School - Faculty/Staff		Legion of Mary		Eucharist Ministers	
Altar Society		St. Basil's School - Parent		Liturgy Committee		Young Adults Group	
Bible Study		Religious Education—Faculty/Staff		Liturgical Dancers		Teen Apostles in Christ	
Environment		Mother of Perpetual Help		Charismatic Prayer Group		Couples for Christ	
Friday Adoration		St. Vincent de Paul Society		Ministry to the Sick		Lectors	
Hospitality		Bless These Rings		Music Ministry		Pastoral Council	
Lazarus Ministry		Baptism Preparation		Finance Council		Other _____	

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