

St Ann Parish Family Registration

Reg Date:

23529 Hwy 53., Gulfport, MS 39503 (601) 832-2560

Last Name: First Name(s):
 Mailing Name (ie Mr. & Mrs. John Doe)
 Address: Add2:
 City: State: Zip: -
 AreaCode: Home Phone: Emerg. Phone:
 Family Email: Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<table border="0" style="width: 100%;"> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td>Male / Female (Maiden) <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	Male / Female (Maiden) <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table border="0" style="width: 100%;"> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td>Male / Female (Maiden) <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	Male / Female (Maiden) <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
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Sacramental Info: Dates (mm/dd/yyyy): <small>(Single, Married, Separated, Divorced, Annulled)</small> Marital Status:	<table border="0" style="width: 100%;"> <tr> <td>Baptized? <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> </tr> <tr> <td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td> <td></td> </tr> <tr> <td>Reconcil? <input type="checkbox"/></td> <td>First Eucharist? <input type="checkbox"/></td> <td>Confirmed? <input type="checkbox"/></td> </tr> <tr> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Valid Catholic Marriage? <input type="checkbox"/></td> </tr> </table>	Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>		Reconcil? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmed? <input type="checkbox"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>	Valid Catholic Marriage? <input type="checkbox"/>			<table border="0" style="width: 100%;"> <tr> <td>Baptized? <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> </tr> <tr> <td><input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/></td> <td></td> </tr> <tr> <td>Reconcil? <input type="checkbox"/></td> <td>First Eucharist? <input type="checkbox"/></td> <td>Confirmed? <input type="checkbox"/></td> </tr> <tr> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> <td><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></td> </tr> </table>	Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>		Reconcil? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmed? <input type="checkbox"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>
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Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members, please use a second form.