

**Our Lady Star of the Sea Parish
Family Registration**

467 Fairford Rd., Grosse Pointe Woods, MI 48236
313-884-5554

Registration Date: _____ Envelope Number _____
Family Last Name: _____
Mailing Name(s) (i.e. Mr. & Mrs. John Doe): _____
Address: _____ Apartment number: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Emergency Number: _____
Please do not publish address Please do not publish phone number
Family email: _____

Member information

<u>Male Head of Household</u>
First Name: _____
Nickname: _____
Date of Birth: _____
Email: _____
Occupation: _____
Work/Cell phone: _____
Sacramental Information:
Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>

<u>Female Head of Household</u>
First Name: _____
Maiden Name: _____
Nickname: _____
Date of Birth: _____
Email: _____
Occupation: _____
Work/Cell phone: _____
Sacramental Information:
Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>

Marital Status: Single, Married, Separated, Divorced, Annulled, Widowed/Widower
Married by a Catholic Priest: **Y** or **N** Church of Marriage: _____
Anniversary Date: _____

Last parish registered at: _____
Name City State

**Please fill in the following boxes with dependent children residing at same address
Adults 21 and older need to be registered separately**

Please fill in all spaces completely. If you need to add additional members please use the back of this form.

Name: First / Middle / Last _____	Gender: M or F _____	Birthdate __/__/____	Birth Place: _____	School: _____
Sacramental Information: Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Reconcil? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmed? <input type="checkbox"/>	
Date: __/__/____				

For office use only Parish Soft _____ Bulletin _____
CSA _____ White Card _____

Name: First / Middle / Last	Gender: M or F	Birthdate: __/__/__	Birth Place: _____	School: _____
Sacramental Information: Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Reconcil? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmed? <input type="checkbox"/>
Date: __/__/__			__/__/__	__/__/__

Name: First / Middle / Last	Gender: M or F	Birthdate: __/__/__	Birth Place: _____	School: _____
Sacramental Information: Baptized? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Reconcil? <input type="checkbox"/>	First Eucharist? <input type="checkbox"/>	Confirmed? <input type="checkbox"/>
Date: __/__/__			__/__/__	__/__/__

[Type text]