

# Corpus Christi Parish Fremont, CA Family Registration Form

Office Use Only
ID/Envelope #: _____
Date Registered: _____

FAMILY LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ HIS CELL PHONE: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ SECONDARY LANGUAGE: \_\_\_\_\_ HER CELL PHONE: \_\_\_\_\_

MARITAL STATUS (please circle): Catholic Church Marriage (Date: \_\_\_\_\_) Civil Marriage Single Widowed Separated Divorced Living Together (not married)

WOULD YOU LIKE TO RECEIVE WEEKLY CONTRIBUTION ENVELOPES: \_\_\_\_\_  
(USING WEEKLY CONTRIBUTION ENVELOPES ENABLE US TO PROVIDE YOU WITH A YEAR END TAX STATEMENT)

First & Last Name (include maiden name)	Please Circle		Date of Birth	Religion	Occupation	<u>Baptism</u>	<u>First Communion</u>	<u>Confirmation</u>
	M F	Head of Household				Yes No	Yes No	Yes No
	M F	Spouse				Yes No	Yes No	Yes No
Children Living at Home	Please Circle	Relation to Head of Household	Date of Birth	Religion	Grade	<u>Baptism</u>	<u>First Communion</u>	<u>Confirmation</u>
	M F					Yes No	Yes No	Yes No
	M F					Yes No	Yes No	Yes No
	M F					Yes No	Yes No	Yes No
	M F					Yes No	Yes No	Yes No
	M F					Yes No	Yes No	Yes No
Others Living in Your Home	Please Circle	Relation to Head of Household	Date of Birth	Religion	Occupation	<u>Baptism</u>	<u>First Communion</u>	<u>Confirmation</u>
	M F					Yes No	Yes No	Yes No
	M F					Yes No	Yes No	Yes No

THIS INFORMATION WILL REMAIN CONFIDENTIAL. THIS WILL NOT BE SHARED WITH OUTSIDE AGENCIES.