

St. Michael's Parish Registration Form

FAMILY LAST NAME _____

PREVIOUS PARISH _____

Name/City/State

Please notify previous parish that you are registering at St. Michael's. You should only be registered in **one** parish in the Diocese of Fargo. Of course you can attend Mass and participate in activities at any parish.

Street Address: _____

City, State: _____ Zip Code: _____

Mailing Address (if different): _____

Please complete the whole form

Head of Household

Adult 2

Last Name: _____

First Name: _____

Maiden Name: _____

Gender: Male Female

Male Female

Date of Birth: _____

Religion: Catholic Other _____

Catholic Other _____

Occupation: _____

Employer: _____

Cell Phone (with area code) _____

Email Address: _____

Sacraments Received: Baptism
 First Communion
 Confirmation

Baptism
 First Communion
 Confirmation

Marital Status:

Single Engaged Widowed Separated Divorced
 Married Date: _____ Place: _____
By a Priest? YES NO

Head of Household's Parents Names & City/State: _____

Adult 2's Parents Names & City/State: _____

Do you prefer to make your contributions to support the parish with weekly envelopes or WeShare Online Giving? (Circle One) **Envelopes** or **Weshare online Giving**

Would you like to be visited by a priest? YES NO

If yes, when is the best day and time for a visit? _____

Dependents

Please list anyone age 18 and under living in the household. Children over 18 years old, out of high school and living outside of the home, should register on their own.

	Child 1	Child 2	Child 3	Child 4	Child 5
First Name:	_____	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____	_____
Grade:	_____	_____	_____	_____	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	_____	_____	_____	_____	_____
Religion:	_____	_____	_____	_____	_____
Sacraments:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism
Received:	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation

Sacramental History and Needs

I consider myself to be: a practicing Catholic a returning Catholic a practicing Christian
 Someone looking for a spiritual home

I would like to: find out about becoming Catholic make my first confession
 make my First Communion be Confirmed
 find out about the annulment process have our marriage blessed
Other: _____

Are your children in Grades K-12 enrolled in St. Michael's Religious Education Program? YES NO
If NO, are they enrolled in a Catholic School? _____

Would you like information about St. Michael's School (Grades Preschool-5)? YES NO

Do you have any other questions?

Do you have any special needs or situations that you wish to call to our attention? *(Please indicate below)*

Additional Notes:

Visited by: _____

Date Received: _____

Mail completed form to: St. Michael's Church, 520 N. 6th St., Grand Forks, ND 58203 or email to: lori_stmikes@yahoo.com