Saint Michael's Catholic Community

CHURCH MEMBERSHIP INFORMATION SHEET

HEAD OF HOUSEHOLD _____

DATE OF BIRTH_____ MARITAL STATUS _____ WEDDING ANNIVERSARY_____

BAPTIZED: YES / NO CONFIRMED: YES / NO

OCCUPATION _____ EMPLOYER _____

SPOUSE (MAIDEN NAME) _____

DATE OF BIRTH _____ BAPTIZED: YES / NO CONFIRMED: YES / NO

OCCUPATION _____ EMPLOYER _____

HOME ADDRESS_____

PHONE NUMBER(S) _____

EMAIL ADDRESS(S) _____

CHILDREN AT HOME:

NAME	DATE OF BIRTH	SEX	GRADE	BAPTISED?	FIRST COMMUNION?	CONFIRMED?