

Env. # _____

St. Dominic Parish

Family Registration

775 Harrison Avenue, New Orleans, LA 70124 (504)482-4156

MEMBER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Head of Household

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ - _____ Phone: (____) _____

Email Address: _____

D.O.B.: (mm/dd/yyyy) _____ Gender: _____

Languages spoken at home other than English: _____

INDIVIDUAL MEMBER INFORMATION

Spouse's First Name: _____ Maiden Name: _____

DOB: (mm/dd/yyyy): _____ Male _____ Female _____

Marital Status: _____ Valid Catholic Marriage: (Y) (N)
Married, Separated, Divorced, Widowed

Date of Marriage: (mm/dd/yyyy) _____ Civil Marriage only (Y) (N)

If only Civil Marriage, would you both want to have your marriage blessed by the Church? (Y) (N)

If Divorced and Remarried,
would you want to seek an annulment of first marriage? (Y) (N)

FAMILY MEMBERS' INFORMATION

Children's First Names Only

Name: _____ DOB: (mm/dd/yyyy): _____ Gender _____

Sacraments: Baptism (Y) (N) If Yes, Catholic (Y) (No) First Communion (Y) (N)
Confirmation (Y) (N) *(Do not concern yourself with dates of sacraments received)*

School: _____ Grade/Level: _____

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Last Name: _____

(Parents' names if different from above names only)

(OVER)

Name: _____ DOB: (mm/dd/yyyy): _____ Gender _____
Sacraments: Baptism (Y) (N) If Yes, Catholic (Y) or (No) First Communion (Y) (N)
Confirmation (Y) (N) *(Do not concern yourself with dates of sacraments received)*
School: _____ Grade/Level: _____
Father's First Name: _____ Last Name: _____
Mother's First Name: _____ Last Name: _____
(Parents' names if different from above names only)

Name: _____ DOB: (mm/dd/yyyy): _____ Gender _____
Sacraments: Baptism (Y) (N) If Yes, Catholic (Y) or (No) First Communion (Y) (N)
Confirmation (Y) (N) *(Do not concern yourself with dates of sacraments received)*
School: _____ Grade/Level: _____
Father's First Name: _____ Last Name: _____
Mother's First Name: _____ Last Name: _____
(Parents' names if different from above names only)

Name: _____ DOB: (mm/dd/yyyy): _____ Gender _____
Sacraments: Baptism (Y) (N) If Yes, Catholic (Y) or (No) First Communion (Y) (N)
Confirmation (Y) (N) *(Do not concern yourself with dates of sacraments received)*
School: _____ Grade/Level: _____
Father's First Name: _____ Last Name: _____
Mother's First Name: _____ Last Name: _____
(Parents' names if different from above names only)

Is there a member(s) in your family who would like a visit from a priest of the parish?
(Y) (N)

If so, name: _____ Phone: (____) _____
Their address: _____ City: _____ St.: _____
Would they want weekly communion: (Y) (N) Homebound; (Y) (N) Gender: _____
Need Anointing of the Sick: (Y) (N) Relation: _____

If yes to the above questions, a deacon will contact them or next of kin to arrangement day and time of visit by priest or extraordinary minister of communion.

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OFFICE USE ONLY: Name of Priest / EMC: _____

Date of Initial Contact: _____ Who called?: _____

Name of Contact Person whom caller spoke to: _____

Date of Initial Visitation: _____ Anointed? (Y) (N)