CHURCH OF THE NATIVITY - PARISH REGISTRATION FORM

																DAT	Έ			
FAMILY NAME (Last name only - please print)								CELL PHONE												
									WORK PHONE EMAIL AD						_ ADDR	ADDRESS				
STREET ADDRESS					APT. # CITY ZIP CODE WI					WIF	WIFE'S MAIDEN NAME									
011121712211				7	<u> </u>								_							
													SINGLE							
REGISTERING ADULTS - AGES 18 AND OVER OCCUPATION							SI SI	EX DATE OF BIRTH CATHOLIC BA				BAD	TIZED	CONE	IRMED	MARRIED WIDOW		MARRIED BY		
MIDDLE (IF DIFFERENT) RELATION-			AND PLACE				-^ \LE	T I		YES		YES			YES SEPARA			PRIEST		
FIRST NAME	INITIAL	` '		OF EMPLOYMENT				MO.	DAY	YEAR		10		NO		10		ORCED	OTHER	
							М	F				Yes No		Yes No		Yes No				
				<u> </u>			M	F				Yes	No	Yes	No	Yes	NO			
							М	F				Yes	No	Yes	No	Yes	No			
							м	F				Yes	No	Yes	No	Yes	No			
				<u> </u>			M	F				Yes	No	Yes	No	Yes	NO			
01111 DDE	NI IINIDED T	UE 40E 0E 4					М					Yes	No	Yes	No	Yes	No	I		1
		HE AGE OF 1			NOW ATTENDS SCHOOL			SEX DATE OF BIRTH									ATTEND			
OLDEST TO YOUNGEST (INCLUDE LAST NAME, IF DIFFERENT) FIRST NAME MIDDLE NAME			CATHOLIC GRADE OR OTHER K THRU 12					МО	O. DAY YEAR NO			YES MUNION NO YES / NO		YES NO		REL ED				
TINOTIVANIE	WILL	DEL NAME		OK OII	ILIX	IX TTIIXO 12			W.O.	ואס	ILAK				110					
				<u> </u>			M	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
							М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
							М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
				1								100	110		110	103				
				1			М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
							М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
							М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
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				<u> </u>			М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
							М	F				Yes	No	Yes	No	Yes	No	Yes	No	Yes No
IF YOU HAVE ANY SKILLS, TALENTS OR TIME THAT YOU WOULD LIKE TO SHARE WITH THE PARISH, PLEASE COMMENT BELOW:																				
II 100 HAVE ART ORILLO, FALLITTO OR TIME HIAT 100 WOOLD LIKE TO SHAKE WITH HIL FARIOH, FLEASE COMMENT BELOW.																				