



1906 Sycamore  
Granger, IA 50109  
515-999-2239

Registration Date: \_\_\_/\_\_\_/\_\_\_

**Family Registration Form**

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 Mailing Name (ie Mr. & Mrs. John) \_\_\_\_\_  
 Address: \_\_\_\_\_ Add2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
 AreaCode:(\_\_\_\_) Home Phone: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_  
 Family Email: \_\_\_\_\_ Env# \_\_\_\_\_

(Head of Household) **Individual Member Information** (Spouse)

Parish Status: (Active, Inactive)  
 Role:(Head of House, Husband, Wife) Other: \_\_\_\_\_  
 First Name / Nickname: \_\_\_\_\_ / \_\_\_\_\_  
 Gender: Male / Female (Maiden) \_\_\_\_\_  
 DOB (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_  
 Email: \_\_\_\_\_  
 Work Phone/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_  
 First Language: \_\_\_\_\_  
 Occupation/Employer: \_\_\_\_\_ / \_\_\_\_\_  
 Sacramental Info: Baptized? Catholic Y / N  
 Dates (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_  
 Reconciliation? First Eucharist? Confirmed?  
 \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
 Marital Status circle one: (Single, Married, Separated, Divorced, Annulled)  
 Are there any members of your household who would like to be visited by a priest?

Parish Status: (Active, Inactive)  
 (Head of House, Husband, Wife) Other: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Gender: Male / Female (Maiden) \_\_\_\_\_  
 DOB (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Baptized? Catholic Y / N  
 \_\_\_/\_\_\_/\_\_\_  
 Reconciliation? First Eucharist? Confirmed?  
 \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
 Valid Catholic Marriage: Y / N

**Dependent Children Information**

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate	H.S. Grad Yr.	School	First Language
1. (son / daughter / other)	_____	M / F	___/___/___	_____	_____	_____
Sacrament Received						
Add Date if Known: Catholic Y / N <input type="checkbox"/> Baptism ___/___/___ <input type="checkbox"/> Eucharist ___/___/___ <input type="checkbox"/> Reconciliation ___/___/___ <input type="checkbox"/> Confirmation ___/___/___						
2. (son / daughter / other)	_____	M / F	___/___/___	_____	_____	_____
Sacrament Received						
Add Date if Known: Catholic Y / N <input type="checkbox"/> Baptism ___/___/___ <input type="checkbox"/> Eucharist ___/___/___ <input type="checkbox"/> Reconciliation ___/___/___ <input type="checkbox"/> Confirmation ___/___/___						
3. (son / daughter / other)	_____	M / F	___/___/___	_____	_____	_____
Sacrament Received						
Add Date if Known: Catholic Y / N <input type="checkbox"/> Baptism ___/___/___ <input type="checkbox"/> Eucharist ___/___/___ <input type="checkbox"/> Reconciliation ___/___/___ <input type="checkbox"/> Confirmation ___/___/___						

Please fill in all the blank boxes and provide changes where necessary. Add additional family members on a second sheet.

I/We wish to support Assumption BVM Catholic Church by tithing \$ \_\_\_\_\_ weekly or \$ \_\_\_\_\_ monthly