

St. Bonaventure Church

Family Registration

| ID/Env #: | | | | | | | | | | | | |
|--|--|--|--------------|-------------|-----------|-------|------------------------|--------|-------|------------------------|--------|--|
| Family Name: | Head of Household: Last Name: _____ First Name: _____ Title: _____ Suffix: _____ | Spouse/Significant Other: Last Name: _____ First Name: _____ Title: _____ | | | | | | | | | | |
| Name formats used in mailings: Mailing Name: _____ <i>Example: Mr. & Mrs. John Smith</i> Informal Salutation: _____ <i>Example: John & Mary</i> Formal Salutation: _____ <i>Example: Mr. & Mrs. Smith</i> | | | | | | | | | | | | |
| Family Info: | Registered: _____ Street Address Line 1: _____ Street Address Line 2: _____ Street City/State: _____ Geo. Area Number: _____ Phone Number _____ | Family Status: _____ Street Zip: _____ <table border="1" data-bbox="878 743 1611 852"> <thead> <tr> <th>Phone Number</th> <th>Description</th> <th>Unlisted?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Home/Office/Cell/Other</td> <td>Yes/No</td> </tr> <tr> <td>_____</td> <td>Home/Office/Cell/Other</td> <td>Yes/No</td> </tr> </tbody> </table> Email: _____ Send Email when possible? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone Number | Description | Unlisted? | _____ | Home/Office/Cell/Other | Yes/No | _____ | Home/Office/Cell/Other | Yes/No | |
| Phone Number | Description | Unlisted? | | | | | | | | | | |
| _____ | Home/Office/Cell/Other | Yes/No | | | | | | | | | | |
| _____ | Home/Office/Cell/Other | Yes/No | | | | | | | | | | |
| Mailing Addr.: (if different than street): | Mailing Address Line 1: _____ Mailing Address Line 2: _____ Mailing City/State: _____ Mailing Zip: _____ | | | | | | | | | | | |
| Previous Parish: | Name: _____ Address: _____ | | | | | | | | | | | |
| I WOULD LIKE TO RECEIVE CONTRIBUTION ENVELOPES YES NO | | | | | | | | | | | | |

St. Bonaventure Church

Member Registration

(member: _____ for family: _____)

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| Member Detail | Last Name: _____ Name formats used in mailings: First Name: _____ Mailing Name: _____ <i>Ex: Mr. John Smith</i> Nickname: _____ Informal Salutation: _____ <i>Ex: John</i> Maiden Name: _____ Formal Salutation: _____ <i>Ex: Mr. Smith</i> Title: _____ Suffix: _____ |
| Personal: | Relationship: _____ Type: Head/Spouse/Adult/Young Adult/Child/Ot Grade/Degree: _____ Gender: Male/Female Marital Status: _____ Birthdate: ____ / ____ / ____ Language: _____ Ethnicity: _____ Religion: _____ Disability: _____ Occupation: _____ Home bound _____ Nursing Hon _____ Receives Separate Statements <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ |
| Phone/Email: | Phone: _____ Type: Home/Office/Cell/Other Unlisted? Yes/No Phone: _____ Type: Home/Office/Cell/Other Unlisted? Yes/No Email: _____ Type: Home/Office/Other |
| Remarks: | |
| Sacraments: | Birthplace: _____ Birth Father: _____ _____ Birth Mother: _____ _____ Mother's Maiden Name: _____ Baptism: Baptismal Name: _____ Date: ____ / ____ / ____ Status Approximate / Yes / No / Unsure Performed by: _____ Church Name: _____ Church Address: _____ Sponsor(s): _____ Confirmation: Confirmation Name: _____ Date: ____ / ____ / ____ Status Approximate / Yes / No / Unsure Performed by: _____ Church Name: _____ Church Address: _____ Sponsor(s): _____ Reconciliation: Date: ____ / ____ / ____ Status Approximate / Yes / No / Unsure Performed by: _____ Church Name: _____ Church Address: _____ Sponsor(s): _____ 1st Communion: Date: ____ / ____ / ____ Status Approximate / Yes / No / Unsure Performed by: _____ Church Name: _____ Church Address: _____ Sponsor(s): _____ |

St. Bonaventure Church

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|--|---|
| Member Registration (member: _____ for family: _____) | |
| | Marriage: Spouse Name: _____ Date: ____ / ____ / ____ Status: Approximate / Yes / No / Unsure / A Performed by: _____ Church Name: _____ Church Address: _____ Witness(es): _____ |