

ID #: _____

St. Raymond of Peñafort

Catholic Church

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PARISH REGISTRATION

FAMILY LAST NAME: _____ NUMBER OF HOUSEHOLD MEMBERS: _____ HOME TELEPHONE NUMBER: _____ DATE: _____

ADDRESS: _____

NOTE: If more than five (5) persons in the home, please use two of these forms and staple them together.

INFORMATION	HEAD OF HOUSEHOLD	MEMBER # 2	MEMBER # 3	MEMBER # 4	MEMBER # 5
First Name: (Add last name if different from above.)					
Relationship: (Between the head of household and each other member.)	//////////////////// ////////////////////				
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Civil Status:					
Date of Birth: (MM/DD/YYYY)					
Place of Birth:					
Religion:					
Language: (Check all that apply and circle preference.)	<input type="checkbox"/> Spanish <input type="checkbox"/> English	<input type="checkbox"/> Spanish <input type="checkbox"/> English	<input type="checkbox"/> Spanish <input type="checkbox"/> English	<input type="checkbox"/> Spanish <input type="checkbox"/> English	<input type="checkbox"/> Spanish <input type="checkbox"/> English
Employer:					
Occupation:					
School and Grade:					
Cellphone Number:					
Email Address:					
Attend Mass Every Sunday:					
What Time:					
Sacraments Received:					
➤ Baptism	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ First Communion	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Catholic Marriage Date:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Anointing of the Sick	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Does someone need the communion to be taken to them? NO YES Reason: _____

Are there any other special needs? _____

Comments: _____

FOR OFFICE USE ONLY: *****

Registration Form Accepted By: _____ Date/ Initials: _____

Record Book Updated By: _____ Date/ Initials: _____