

**Family Registration Form**  
30 Mandalay Road, Oakland, Ca 94618 - 510.547.2777

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Mailing Name (ie. Mr. & Mrs. John Doe): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Do not publish:  Address  Home Phone #  Family Email

**Individual Member Information**

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Baptized  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic?:

Reconciliation?:  1st Eucharist?:  Confirmed?:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Valid Catholic Marriage?:

Church: \_\_\_\_\_ State: \_\_\_\_\_

First Name: \_\_\_\_\_

Maiden: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Baptized  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic?:

Reconciliation?:  1st Eucharist?:  Confirmed?:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Dependent Children Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ High School Grad Year: \_\_\_\_\_

Baptized:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic?:  Other: \_\_\_\_\_

Reconciliation?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st Eucharist?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_

-----  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ High School Grad Year: \_\_\_\_\_

Baptized:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic?:  Other: \_\_\_\_\_

Reconciliation?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st Eucharist?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_

-----  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ High School Grad Year: \_\_\_\_\_

Baptized:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic?:  Other: \_\_\_\_\_

Reconciliation?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st Eucharist?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed?:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_

-----  
*Please fill in all information and provide changes where necessary. If you need to add additional members please use a second form.*