REGISTRATION

FAMILY NAME:_____ Date:_____

MAILING ADDRESS:	**CAPE COD RESIDENCE:**
Street _____ /P.O. Box _____	Name of Subdivision _____
Town _____ Zip _____	Street _____ /P.O. Box _____
Telephone: ( ) _____	Town _____ Zip _____
	E-Mail: _____
WINTER ADDRESS:	**OFF-CAPE ADDRESS:**
Street _____ /P.O. Box _____	Street _____ /P.O. Box _____
Town _____ Zip _____	Town _____ Zip _____
	Telephone: ( ) _____

Portion of year this family lives here: _____ This family consists of ____ adults and ____ children
(year-round, summer only, etc.)

FOR MARRIED COUPLES

DATE OF MARRIAGE: ___/___/___
Type of Ceremony: _____
(Catholic, Protestant, Jewish, Justice of the Peace)

Maiden Name: _____
Place of Wedding: _____
(Parish, if applicable)
City: _____ State: _____

OTHER:

Anyone at home prevented from attending church due to illness or handicap _____ (yes/no). (If so, _____ (name))

Occupation of Adults:
Name _____ Occupation _____
Name _____ Occupation _____
Name _____ Occupation _____

OVER

FAMILY MEMBERS

Please complete one line for each member of the household as follows:

COLUMN 1: *Name- First, middle initial, and last if different from family name.*
COLUMN 2: *Date of birth should be recorded as follows: Month/Day/Year*
COLUMN 3, 4, 5: *Answer yes or no to indicate if Baptized Catholic, First Communion and Confirmation, if Non-Catholic simply write NC*
COLUMN 6: *Mass attendance should be answered with (R) Regularly; (O) Occasionally; (S) Seldom*
COLUMN 7: *Marital Status: S - Single; M - Married; SP - Separated; D - Divorced; W - Widowed*

1 Name	2 Date of Birth MO/DAY/YR	3 Baptized Catholic	4 First Communion	5 Confirmation	6 Attends Mass	7 Marital Status
Examples:						
John C. Smith	*11/2/36*	*Yes*	*Yes*	*Yes*	*R*	*M*
Mary L. Smith	*4/22/35*	*NC*	—	—	*O*	*M*
Judy A. Smith	*6/11/72*	*Yes*	*Yes*	*No*	*O*	*S*

Drop in the collection basket or mail to the Parish along with the "Involvement" card.