

COMPUTER INFORMATION FORM

FOR OFFICIAL USE ONLY

ID/ENVELOPE #: _____

Registry Date: _____

Area: _____

Family Last Name:

Street Address:	Apt. #:

Home Phone Number:
Listed: _____ Unlisted: _____

City:	State:	Zip:

Address Mail To (e.g. Mr. & Mrs.):

Wife's Maiden Name:

E-mail Address:

1	First Name	Middle Name	Marriage (A) _____ If 1, 2 or 3 (_ / _ / _)	SEX (M/F)	Ethnic Background (B)	Religion (C)	Baptized Yes/No	First Penance Yes/No	First Eucharist Yes/No	Confirmation Yes/No	Mass Attendance (D)	Special Situation (E)	Birthday (_ / _ / _)	Place of Employment / Job Title	Work Phone:	Education Level
1													(_ / _ / _)			
2													(_ / _ / _)			

3	First Name Other Adult (18 - 21)	Middle Name	Last Name if Different	SEX (M/F)	Ethnic Background (B)	Religion (C)	Baptized Yes/No	First Penance Yes/No	First Eucharist Yes/No	Confirmation Yes/No	Mass Attendance (D)	Special Situation (E)	Birthday (_ / _ / _)	Place of Employment / Job Title	Work Phone:	Education Level
3													(_ / _ / _)			
4													(_ / _ / _)			
5													(_ / _ / _)			

6	Children (0-17)	Middle Name	Last Name if Different	SEX (M/F)	Ethnic Background (B)	Religion (C)	Baptized Yes/No	First Penance Yes/No	First Eucharist Yes/No	Confirmation Yes/No	Mass Attendance (D)	Special Situation (E)	Birthday (_ / _ / _)	Name of School or College	Education Level
6													(_ / _ / _)		
7													(_ / _ / _)		
8													(_ / _ / _)		
9													(_ / _ / _)		
10													(_ / _ / _)		

A. Marriage 1. Catholic Church 2. Other Church Marriage 3. Civil Marriage 4. Single 5. Separated 6. Divorced 7. Widowed	B. Ethnic Background 1. Caucasian 2. African American 3. Hispanic 4. Mixed Race 5. Vietnamese 6. Other	C. Religion 1. Catholic 8. Pentecostal 2. Baptist 9. Other (specify) _____ 3. Episcopalian 4. Lutheran 5. Methodist 6. Presbyterian 7. Assembly	D. Mass Attendance 1. Weekly 2. Twice a Month 3. Monthly 4. Seldom Attend 5. Do Not Attend	E. Special Situation 1. Blind 2. Deaf 3. Mental Disability 4. Physical Disability 5. Shut In	Any one in family interested in learning about the Catholic Faith? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Person to contact _____ Are there any children or adults in family who would like to receive Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> If in an invalid marriage, would you like to have it blessed? Yes <input type="checkbox"/> No <input type="checkbox"/> If you need an annulment, are you interested in working on one? Yes <input type="checkbox"/> No <input type="checkbox"/> Does any member wish to be contacted by a priest for any reason not mentioned above? Yes <input type="checkbox"/> No <input type="checkbox"/>
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