## St. Vivian Church

## Family Registration

Please fill in the form below. Please be as detailed as possible. You may also fill out this form online at <a href="mailto:stvivian.org/contact-us/registration">stvivian.org/contact-us/registration</a>.

	Family	y Name	Address					City, State			Zip	Phone Numbe	Unlisted?			
Family E-Mail:																
Na		Name	Nickname		Date of Birth		Baptism Date/Location		1st Comm. Date/Location		Confirmation Date/Location		Religion	Cell Phone		
Head:	Head:															
Spouse:																
Marital Status			Date	Lo	Location/Ch		urch City,		te	Maiden N		ame	Personal E-Mail Address		ress	
Head:	Head:															
Spouse:																
Occupation For:				Re	Retired: Employer For:							Work Pho	one For:			
Head:		Spouse:		Head:	Head: Spouse:		lead:			Spouse:		Head:		Spouse:		
Other Fam. Members (in this same household)		Relation	Date of Birth	Re	Religion		Baptism Date/Location						School or oloyer	Grade Level	Gender	
Date Registered				Pr	Previous Parish				ID Envelope #		Updated					