

St. Ignatius of Loyola Parish
FAMILY REGISTRATION FORM

DATE: _____

ENV. #: _____
(office use only)

MAILING NAME: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell Phone: _____

Family Email: _____

Do you wish to receive the Catholic Review? Y or N

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon: Y or N

Head of Household: _____ Spouse: _____

Date of Birth: _____ DOB: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Check if SACRAMENT RECEIVED:

Baptism ___ Catholic Y or N If No—Active Other _____
Reconciliation ___ Eucharist ___ Confirmation ___

Baptism ___ Catholic Y or N If No—Active Other _____
Reconciliation ___ Eucharist ___ Confirmation ___

SPECIAL NEEDS: (i.e. hearing impaired, etc.) _____

Children/Dependent INFORMATION

Name: _____ DOB: _____ Relationship to Head: _____

Schooling Completed _____ Receiving Religious Education _____

Check if SACRAMENT RECEIVED: (Add date if known.)

Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____

Special Needs: _____

Name: _____ DOB: _____ Relationship to Head: _____

Schooling Completed _____ Receiving Religious Education _____

Check if SACRAMENT RECEIVED: (Add date if known.)

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Special Needs: _____

Children/Dependent INFORMATION (continued)

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COMMENTS: _____

