

Church of St. Michael Membership Information Form
CONFIDENTIAL—FOR OFFICE USE ONLY

For Office Use Only	
Family Number	Envelope Number

Household Information

Family Last Name	Address	City/State/Zip Code
Home Phone	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Email

Male Head of House

First	Middle	Nickname	Religion	Date of Birth MM/DD/YYYY	Marital Status	Marriage Date	
Email Address		Cell Phone		Sacraments Received			
				Baptism	1 st Communion	Confirmation	1 st Reconciliation

Female Head of House

First	Middle	Nickname	Last (if different from above)	Religion	Date of Birth MM/DD/YYYY	Marital Status	Marriage Date
Email Address		Cell Phone		Sacraments Received			
				Baptism	1 st Communion	Confirmation	1 st Reconciliation

Children/Dependents in Household

First	Middle	Nickname	Gender M/F	Date of Birth MM/DD/YYYY	School Grade 2013-2014	Sacraments Received			
						Baptism	1 st Communion	Confirmation	1 st Reconciliation

Employer Information

Employer	Occupation	Business Phone
HEAD #1		
HEAD #2		

- If spouse is NOT Catholic, do you wish spouse to be listed as a member and included in mailings? Yes No
- I/we will be using Electronic Funds Transfer (EFT) — no envelopes will be sent to your home
- Please send envelopes bimonthly with one envelope per week.