



ST. MICHAEL PARISH REGISTRATION
11144 SPINNER AVENUE, SHARONVILLE, OHIO 45241
513-563-6377



www.saintmichaelchurch.net
 St. Michael Parish Sharonville Ohio
 @StMikeSharon

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Primary Phone Number: _____ **Unlisted?** Yes No

Street Address: _____ **City:** _____ **Zip:** _____

Primary Email Address _____

Does anyone at this address have special needs of which we need to be aware? Yes No _____

Name and phone number of emergency contact: _____

Please tell us what led you to register as a member of St. Michael Parish. _____

ADULT INFORMATION

	Adult #1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult #2 <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name (and other last name, if any)		
Maiden Name		
Birth Date		
Marital Status If spouse is not Catholic, does he/she want to be considered a member of St. Michael Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Religious <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Annulled	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Religious <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Annulled
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None
Sacraments of Initiation Received?	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Stay-at-Home Parent <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Stay-at-Home Parent <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Occupation (or occupation before retirement)		
Cell Phone		
Email Address		

On the back, please list children in the house (including those who are away at college, etc.) and other adults living in the house.

CHILDREN IN HOUSE

Child's Name (First, Middle, Last)	Gender (M / F)	Birth Date	Grade	School	Religion	Check Sacraments of Initiation Received
					<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
					<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
					<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
					<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
					<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation

OTHER ADULTS IN HOUSE

Other Adult's Name (First, Middle, Last)	Gender (M/F)	Birth Date	Primary Phone	Marital Status	Occupation	Religion	Check Sacraments of Initiation Received
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Religious <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Annulled		<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian Non-Christian <input type="checkbox"/> None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Religious <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Annulled		<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian Non-Christian None	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation