

*****REGISTRATION FORM*****

Sacred Heart Catholic Church

502 2nd Ave SE

Aberdeen, SD 57401

(605)-225-7065

Today's Date: _____

Contribution Envelope # _____

Family Name _____

E-Mail Address: _____

Telephone # (H) _____

Cell # _____

Address

Street	PO Box	City	State	Zip	Most recent Parish & City registered at
<u>MAN</u>			<u>WOMAN</u>		

Name: _____
 First Middle Last

 First Middle Maiden Last

Religion: _____

Religion: _____

Date of Birth: _____

Date of Birth: _____

Birth Place: _____

Birth Place: _____

Parents: Father - _____

Parents: Father - _____

Mother- _____
Maiden Name

Mother- _____
Maiden Name

Baptism: _____
 Church City/State Date

Baptism: _____
 Church City/State Date

First Penance: _____
 Church City/State Date

First Penance: _____
 Church City/State Date

First Communion: _____
 Church City/State Date

First Communion: _____
 Church City/State Date

Confirmation: _____
 Church City/State Date

Confirmation: _____
 Church City/State Date

Marital Status: Valid Catholic Marriage _____ Invalid Marriage _____ Divorced _____
 Separated _____ Widowed _____ Co-Habiting _____ Single _____

List Marriages: 1. _____
 Name of Spouse Marriage Date Church/Place of Marriage City/State
If divorced: Date _____ was Marriage Annulled? No _____ Yes _____ (Date) _____

Comments: _____

2. _____
 Name of Spouse Marriage Date Church/Place of Marriage City/State
If divorced: Date _____ was Marriage Annulled? No _____ Yes _____ (Date) _____

Comments: _____

MAN	Occupation	WOMAN
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Level of Education: _____

Level of Education: _____

Occupation: _____

Occupation _____

Place of Employment: _____

Place of Employment: _____

Telephone # _____

Telephone # _____

CHILDREN

(Please give child's last name if different from parents)

1. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____
2. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____
3. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____
4. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____