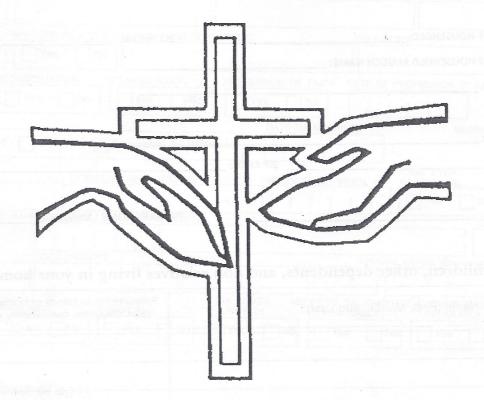


DATE (MM DD YY)



SAINTJUDEPARISH

1120 Four Mile Road NE Grand Rapids, MI 49525 (616) 363-6885

Household		
FAMILY NAME:		
MALE HEAD OF HOUSEHOLD:	CELL PHONE:	1 7765
EMAIL ADDRESS:		
FEMALE HEAD OF HOUSEHOLD:	CELL PHONE:	
FEMALE HEAD OF HOUSEHOLD MAIDEN NAME:		
EMAIL ADDRESS:		
HOME ADDRESS:	I I	
CITY: ZIP CODE: _		
HOME PHONE:	PRIMARY HOME LANGUAGE:	
Please list children, other dependents, and nor	Relationship to Heads of Household (son, daughter, non-relative, etc.)	Date of Birth
General questions (regarding the household)		
Household desires/needs pastoral visit?	Single Parent Household?	Yes No
amily involved in Catholic School?	All children baptized?	Yes No
amily involved in Religious Education? 🖝 🔲 Yes 🔲 No		
(your name Lector, Minister of the Eucharist, Usher, Choir, Mailing Crew, atechist, Nursery Worker, Christian Services Worker, Office V	e) would like to serve within the Church in Church Cleaning, Funeral Lunch Worker, Grolunteer, etc.)	the following ways reeter, Youth Worke
(your name	e) would like to serve within the Church in	the following ways
ector, Minister of the Eucharist, Usher, Choir, Mailing Crew, atechist, Nursery Worker, Christian Services Worker, Office V	Church Cleaning, Funeral Lunch Worker, Gr	eeter, Youth Worke

Adult (over 18 year NAME (First)						
TOTAL (TITST)	(Nickname)	(Middle)	(Last)			
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Male Female	LIGION		ACTIVE IN FAITH	NAME OF	SPOUSE	
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JAIL OF BIRTH CIT	Y/STATE OF BIRTH	FATHE	R'S NAME		MOTHER'S FULL	MAIDEN NAME
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DATE OF BAPTISM BAP	TIZED AS A CHILD CHURCH	H WHERE BAPTIZE	ED .	CITY/STATE		
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ALIDATION OF CURRENT MAR	RIAGE DATE (CHURCH			CIT	Y/STATE
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	OUND CONVERT	CHUI	RCH REC	GULARIY	REGILLARIV	HICH COURS
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Child (18 years and younger) NAME (First) RELATIONSHIP IN HOUSEHOLD (Son, Daughter, Niece, Nephew, etc.) RELATIONSHIP IN HOUSEHOLD (Son, Daughter, Niece, Nephew, etc.) RELIGION ACTIVE IN FAITH Wale Female PATHERS NAME MOTHERS FULL MAIDEN NAME DATE OF BIRTH CITY/STATE OF BIRTH CITY/STATE OF BIRTH CITY/STATE ATTENDING RELIGIOUS EDUCAT SPECIAL NEEDS (Physical, Developmentally Impaired/Disabled) GRADE LEVEL ATTENDING RELIGIOUS EDUCAT	CHOOL ATTENDING			GRADE LEVEL	ATTENDING RELIGIOUS EDUCATION
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MAME (First) (Middle) (Last) RELIGION ACTIVE IN FAITH Male Female Yes N NICKNAME DATE OF BIRTH CITY/STATE OF BIRTH CITY/STATE OF BIRTH DATE OF BAPTISM BAPTIZED AS A CHILD CHURCH WHERE BAPTIZED (ITY/STATE) (PEAR OF FIRST RECONCILIATION YEAR OF FIRST EUCHARIST YEAR CONFIRMED SPECIAL NEEDS (Physical, Developmentally Impaired/Disabled) (SCHOOL ATTENDING RELIGIOUS EDUCAT					
ACTIVE IN FAITH Male Female Yes N Male Female Yes N Mathers Name Mothers full Maiden Name			(Last))	
Male Female Male Female Yes N	ANIL (I II st)	(micure)			
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PATE OF BAPTISM BAPTIZED AS A CHILD CHURCH WHERE BAPTIZED CITY/STATE Yes No YEAR OF FIRST RECONCILIATION YEAR OF FIRST EUCHARIST YEAR CONFIRMED SPECIAL NEEDS (Physical, Developmentally Impaired/Disabled) GRADE LEVEL ATTENDING RELIGIOUS EDUCAT		MOT	THERE ELLI MAIDEN A	IAME	, ne en real a la la compania.
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SCHOOL ATTENDING	'EAR OF FIRST RECONCILIATION \	'EAR OF FIRST EUCHARIST	YEAR CONFIRMED	SPECIAL NEEDS (Physica	i, pevelopmentally impalled/pisabled/
SCHOOL ATTENDING					ATTENDING BELICIOUS EDUCATI
	SCHOOL ATTENDING			GRADE LEVEL	Yes No