

FAMILY INFORMATION

() Registered in SFX Parish / Parish Number: _____ New Families Only: Previous Parish: _____

Mother's Name: _____

Father's Name: _____

Maiden Name

Religion

Religion

Address: _____
(if different from participant)

Address: _____
(if different from participant)

City

State

Zip

City

State

Zip

Home Phone:(_____) _____

Home Phone:(_____) _____

Cell Phone:(_____) _____

Cell Phone:(_____) _____

Work Phone:(_____) _____

Work Phone:(_____) _____

E-Mail:(_____) _____

E-Mail:(_____) _____

Legal Guardian Information:

Parent Status: Living Together: Yes () No ()

If No: **Mother:** Deceased () Separated () Remarried () / **Father:** Deceased () Separated () Remarried ()

Child lives with _____

Relationship _____

(over)