

# FAMILY INFORMATION

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

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**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Maiden Name**

\_\_\_\_\_  
**Religion**

\_\_\_\_\_  
**Religion**

Address: \_\_\_\_\_  
(if different from participant)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Address: \_\_\_\_\_  
(if different from participant)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

E-Mail:(\_\_\_\_\_) \_\_\_\_\_

E-Mail:(\_\_\_\_\_) \_\_\_\_\_

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## Legal Guardian Information:

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

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

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

(over)