

332 South Macon  
Bement, IL 61813  
217-762-2566

## St. Michael Church Parish Registration Form

Office Use Only # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### Member Information:

Head-Male Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Send email when possible?    Yes    No    (Please circle one)

Head-Female Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Send email when possible?    Yes    No    (Please circle one)

Date of Marriage: \_\_\_\_\_

**Please Complete Back of Form**

**Please only include children living with you - If an adult child needs a registration form, please contact the parish office.**

**Child(ren) Information:**

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

Sacraments Received (please circle):    Baptism    First Communion    Confirmation

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

Sacraments Received (please circle):    Baptism    First Communion    Confirmation

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

Sacraments Received (please circle):    Baptism    First Communion    Confirmation

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

Sacraments Received (please circle):    Baptism    First Communion    Confirmation

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

Sacraments Received (please circle):    Baptism    First Communion    Confirmation