



## Parish Registration Form

St. Michael Catholic Church  
 332 South Macon  
 Bement, Illinois 61813  
 (217) 762-2566

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

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

FAMILY INFORMATION		
Last Name:		
Address:		
City:	State:	Zip Code:
Home or Primary Contact Number:		
Email Address:		

PRIMARY CONTACT INFORMATION	Head of Household	Spouse
Last Name (if different)		
First Name:		
Middle Name:		
Maiden Name:		
Nick Name:		
Cell Phone:		
Birthdate: M/D/YYYY		
Hobbies/Interests:		
Religion:		
Marital Status:		
Date of Marriage: M/D/YYYY		
Occupation:		
Employer:		
Work Phone:		
Emergency Contact & Phone:		

INFORMATION FOR CHILDREN/OTHERS LIVING IN YOUR HOME				
Name: First, Middle & Last (if different)	Birthdate	Baptism	1 <sup>st</sup> Communion	Confirmation
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N

***Please complete and drop in the collection basket during Mass, drop off at the parish office,  
 or mail to St. Michael Church, 1301 North Market Street, Monticello, IL 61856***