St. Francis of Assisi Catholic Church, 2450 NE 27th St., Bend OR 97701 **New/Update Family Registration Form**

Today's Date: ____/____/____

Family Name: _____

For Office use Only Welcome Pkt Sent:

Envelope #: ParishSOFT ID: Date Entered:

Local Address: Full Time ☐ Part Time ☐

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

2nd Residence: From ____/____/____ To ____/____/____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

*(Please **circle primary** phone number)* 2nd Cell Phone: _____ Primary Language: _____

Primary Email: _____ 2nd Email: _____

Will use Offertory Envelopes? Yes No Online Giving? Yes No If Homebound, would you like to receive Eucharist? Yes No

	Head of Household	Spouse	Children living at home			
			Child	Child	Child	Child
First Name:						
Last Name *(if different)*:						
Maiden Name:						
Birth Date (xx/xx/xxxx):						
Marriage Date:						
Marital Status *(see below)*:						
Religion:						
Gender (Male or Female):						
Ethnicity *(see below)*:						
Occupation:						
Sacraments Received *(please circle below)*:						
Baptism:	Y N	Y N	Y N	Y N	Y N	Y N
First Communion:	Y N	Y N	Y N	Y N	Y N	Y N
Confirmation:	Y N	Y N	Y N	Y N	Y N	Y N
Profession of Faith:	Y N	Y N	Y N	Y N	Y N	Y N
Matrimony:	Y N	Y N	Y N	Y N	Y N	Y N

Marital Status Codes: **MICC** Married in Catholic Church **MOCC** Married Outside Catholic Church **D**ivorced **S**eparated **W**idowed **S**ingle **E**ngaged

Ethnicity Codes: **W**hite/Caucasian **B**lack/African American **H**ispanic/Latino **N**ative American **A**sian/Pacific Islander **O**ther