

St. Leo Parish *Registration Form*

PLEASE PRINT ALL INFORMATION		Env #	Date of Registration:			Day Phone: Night Phone:	
Family Name:		House # and Street:	Apt#		City, State:	Zip Code	
Cell Phone:		Northern Address:			Email:		
Married by Catholic Priest? Yes / No		Parish Name and City, State			Date of Marriage:		
Maiden Name:		If not married, check one of the following: Single () Widowed () Separated () Divorced ()					
Are you a year round resident? Yes No		Months you are here _____ through _____			Time of Mass you most frequently attend:		
Print First Name & Middle Initial of household members	Date of Birth	Religion	Baptized	First Communion	Confession	Years of School	Occupation or Former Occupation if retired
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
Children living with you:			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
Last Parish attended: _____				Dates: _____			