



**MEMBER INFORMATION CONT.**

	Head of the Family		Spouse		Child		Child		Child		Other	
<b>Member Phone Numbers:</b>	Cell:											
	Office:											
<b>Member Email Address:</b>												
<b>Date of Birth:</b>												
<b>Birth Place:</b>												
<b>Birth Father:</b>												
<b>Birth Mother's Maiden Name:</b>												
<b>Baptism</b> (Please attach a copy of the Baptismal Certificate).	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___
<b>Church of Baptism</b> City & State												
<b>Penance Been Received?</b>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>1st Communion Date</b> (Please attach a copy of the Certificate)	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___
<b>Confirmation Date</b> (Please attach a copy of the Certificate)	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___
<b>Marriage Date:</b>	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___	(Y)(N) (H)(U) ___/___/___
<b>Ministries/Talents</b>												
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<b>Would like to Volunteer for:</b>												

**INSTRUCTIONS**

A. Martial Status means: CHU/MAR—Married by a priest      MAR-married by a minister, etc.  
 SING-Single      DIV-Divorced  
 SEP-Separated      WID-Widowed/Widower  
 ANN-Annulled

B. Please enter physical address for location and also mailing address if different from physical.

C. You may also enter an alternate address for a second home and indicate the effective dates for mailing to that address

D. UNL after the telephone number means your number is unlisted and not to be published

E. All dates require a month, day and year.      Circle the following:  
 Y - If date is unknown but the sacrament was received      N - Sacrament has not been received  
 H - Here (If sacrament was received at Holy Angels      U - Unknown (No information is known of the sacrament)  
**Please attach a copy of the sacramental certificate for any sacrament not received at Holy Angels.**

F. Enter the code or name for the ministry/talent in which you are interested in serving. Please indicated with a (T) if you have previously completed training for the ministry : Catechist (1), Eucharist Minister (2), Usher (3), Lector (4), Ministry to the Sick (5), Song Leader (6), Choir (7), Instrumentalist (8), Ministry to the Imprisoned (9), Parish Council (10), Other \_\_\_\_\_(11)