St. Francis of Assisi Parish

1025 S. Union Street -- Traverse City, Michigan 49684 -- (231) 947-4620

NEW MEMBER REGISTRATION

Home Phone:		City/State/Zip)		
Emergency contact name and	Cell Phone:		City/State/Zip		
		Cell Phone:			
Family Status: Married	phone number:				
i anni y Status: Marrieu _	Single Widowed	Separated	Divorced To Be Married		
Name and Location of Former	Parish:				
If you want to learn more a	about ways to become involved i	n the parish, please	e call Fred at (231) 947-4620 ext. 223		
	Head of Household		Spouse (if applicable)		
First/Middle Name:					
Nickname you prefer:					
Maiden Name:					
Title (e.g. Dr/Mr/Mrs/Ms):					
Date of Birth:					
Religion:					
Occupation:					
Place of Employment:					
Business Phone:					
E-mail Address:					
Baptized: Y/N	I	Y/N			
	Church/City/State	× /N	Church/City/State		
First Communion: Y/N	Church/City/State	Y/N	Church/City/State		
Confirmation: Y/N	Church/City/State	Y/N	Church/City/State		
Marriage: Y/N					
	Church/City/State		Church/City/State		

Child #1 Child #2 First/Middle Name: Nickname you prefer: Gender (Male/Female): Date of Birth: Religion: Grade: School Attending: Y/N _____ Baptized: Y/N_____ Church/City/State Church/City/State First Communion: Y/N Y/N _____ Church/City/State Church/City/State Y/N ____ Y/N _____ Confirmation: Church/City/State Church/City/State Child #3 Child #4 First/Middle Name: Nickname you prefer: Gender (Male/Female): Date of Birth: Religion: Grade: School Attending: Y/N _____ Baptized: Y/N_____ Church/City/State Church/City/State Y/N _____ First Communion: Y/N ____ Church/City/State Church/City/State Confirmation: Y/N Y/N _____ Church/City/State Church/City/State