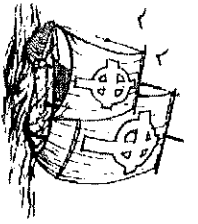


# Parish Registration

St. Brendan Catholic Church  
245 Dory Passage, Clearwater FL. 33767



ID#	_____
DATE	_____
LTR	_____
STWD	_____
INT	_____

Last Name: \_\_\_\_\_  Jr.  Sr.  I  II

First Name: \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.

Spouse/Member: \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.

Street Address: \_\_\_\_\_ City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Unpublished / Secondary Phone: \_\_\_\_\_  Unpublished / Email: \_\_\_\_\_

Family Status:  Married  Single  Widowed  Separated  Divorced  Would you like to receive envelopes?  Y  N

Permanent Resident  Seasonal Resident From \_\_\_\_\_ to \_\_\_\_\_ Are you interested in Electronic Fund Offerings?  Y  N

Other Seasonal Address: \_\_\_\_\_ Would you like St. Brendan Mail here?  Y  N

If you live alone, please list an emergency contact person: Name \_\_\_\_\_ Phone: \_\_\_\_\_

FOR EACH MEMBER (INCLUDING THOSE LISTED ABOVE) PLEASE FILL IN THE INFORMATION BELOW

	HEAD	SPOUSE / MEMBER	CHILD	CHILD	CHILD	CHILD
FIRST NAME						
LAST NAME (if different)						
RELIGION						
HANDICAP						
LANGUAGE SPOKEN						
OCCUPATION (x if Retired)	<input type="checkbox"/> R	<input type="checkbox"/> R				
PLACE OF EMPLOYMENT						
BUSINESS PHONE						
SCHOOL CHILD ATTENDS						
CURRENT GRADE or DEGREE						
K-1-12 AA BA,BS, MA,MS, MD PHD,						
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF BAPTISM	/ /	/ /	/ /	/ /	/ /	/ /
CITY & CHURCH OF BAPTISM						
DATE OF FIRST COMMUNION	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF CONFIRMATION	/ /	/ /	/ /	/ /	/ /	/ /
DATE OF MARRIAGE	/ /	/ /	/ /	/ /	/ /	/ /