



ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH

PARISH REGISTRATION

950 TRAILS PARKWAY
GARLAND, TEXAS 75043
(972) 279-6581

Family Last Name: _____ Title: Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___ Other _____ Env# _____

Address: _____ City: _____ Zip: _____ Date Registered: _____

Phone: __ (____) _____ Unlisted: Yes ___ No ___ Ethnic Origin: _____ Previous Parish: _____

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___ Separated ___ Is Marriage Recognized by Catholic Church? Yes ___ No ___

MEMBER INFORMATION	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
First Name							
Last Name (If Different or maiden name / Spouse)							
Religion							
Disability							
Main Language Spoken							
Occupation							
Employer							
Work Phone & Ext.							
Grade (Child)							
Sex	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Birth Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Baptism	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
1 st Confession	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
1 st Communion	(Y) (N)	(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)	(Y) (N)

PLEASE FILL OUT ALL INFORMATION