

FAMILY NAME			STREET ADDRESS						<b>CONFIDENTIAL REGISTRATION FORM</b> PLEASE BRING ALL INFORMATION			<u>OFFICIAL USE ONLY</u>			
CITY			STATE	ZIP CODE	TELEPHONE	UNLISTED	Married by Priest (Y-N) Date					FAMILY ID _____		REGISTRY DATE: _____	
(A) Title	FIRST NAME and last if different from family	Middle Initial	(B) Marital Status	(C) Relg.	SEX (M-F)	BIRTH DATE	BAPTI-ZED (Y-N)	FIRST COM M. (Y-N)				CONF-IRMED (Y-N)	(D) SPECIAL CIR.	OCCUPATION	WORK PHONE
	Head of House/Single Person														
	Spouse														
CHILDREN												SCHOOL	GRADE LEVEL		
01															
02															
03															
04															
05															
06															
07															
08															
OTHER MEMBERS OF HOUSEHOLD												RELATIONSHIP TO HEAD OF HOUSE/SPOUSE			
11															
12															
13															
14															

	LANGUAGES SPOKEN AT HOME	(A) TITLE	(B) MARITAL STATUS	(C) RELIGION	(D) SPECIAL CIRCUMSTANCES	(E) HIGHEST GRADE	*SHUT IN LOCATIONS (Home, Hospital, etc.)
1.		1. Mr.	1. Married	1. Catholic	1. Blind	1. K-8	
2.		2. Mrs.	2. Single	2. Baptist	2. Deaf	2. High School	
3.		3. Ms.	3. Widow-Widower	3. Jewish	3. Mental Handicap	3. Undergraduate	
4.		4. Dr.	4. Separated	4. Episcopalian	4. Physical Handicap	4. Master/Doctorate	
5.		5. Other	5. Divorced	5. Lutheran	5. Shut In*		
				6. Methodist			
				7. Presbyterian			
				8. Greek Orthodox			
				9. Other			