Blessed Sacrament Parish
Family Registration
130 S. Losey Blvd., La Crosse, WI 54601 (608) 782-2953
bspchurch@yahoo.com

Reg Date:	/	/	_
Office Env.			

LastFirst	First				
Mailing Name (ie Mr. & Mrs. John					
Address:	Add2:				
City:State:	State: Zip:				
Area Code: Home Phone:	Emerg. Phone:				
Family Email:					
Would you like to receive: Envelopes: Y / N The Cath					
Individual Member In	<u>formation</u>				
Role:(Head of House, Husband, Wife)	Role				
First Name / Nickname:/	Name:/				
Maiden Name:	Maiden Name:				
Gender: Male / Female	Gender: Male / Female				
DOB (mm/dd/yyyy): / /	DOB/				
Email:	Email:				
Work Phone: Cell:	Work Phone:Cell:				
First Language:	First Language:				
Occupation:Employer:	Occupation:Employer:				
Retired: Previous Occupation:	Retired: Previous Occupation:				
Sacramental Information:	Sacramental Information:				
Baptized: Y / N Catholic: Y / N	Baptized: Y / N Catholic: Y / N				
Church / City / State:	Church / City / State:				
Reconciliation: Y/N First Eucharist? Y/N Confirmed: Y/N	Reconciliation: Y / N First Eucharist: Y / N Confirmed: Y / I				
Marital Status:	Date of Marriage:				
	Place of Marriage:				

## **DEPENDENTS:**

1. I	Full Name:			Gender:	
Rela	tion to Head of Hou	sehold:			
	Religion: Baptized: Name of Church/City/State				
Reco	onciliation: Y / N	1 <sup>st</sup> Communion: Y/			
Grac	de / School Attendin	g:			
Any	other information: _				
2. Full	Name:			Gender:	
Rela	tion to Head of Hou	sehold:			
Date	e / Place of Birth:				
Relig	Religion: Baptized: Name of Church/City/State				
Reco	onciliation: Y / N	1 <sup>st</sup> Communion: Y/	N Confirmation:	Y/N	
Grad	de / School Attendin	g:			
Any	other information: _				
3. Fu	ıll Name:			Gender:	
Rela	ation to Head of Hou	sehold:			
Date	e / Place of Birth:				
Relig	gion:	Baptized: Name of C	hurch/City/State		
Reco	onciliation: Y / N	1 <sup>st</sup> Communion: Y/I	N Confirmation:	Y/N	
Grad	de / School Attendin	g:			
Any	other information: _				