

Reg. Date# _____
Env. # _____

Blessed Sacrament Parish
130 Losey Blvd., S., La Crosse, Wisconsin 54601
Office@bsplacrosse.org

Family Registration

Last Name: _____ First: _____

Mailing Name (e.g., Mr. and Mrs. John Smith): _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone #: _____ Emergency Phone #: _____
w/area code

Family Email Address: _____

Would you like to receive offertory envelopes? Y / N *The Catholic Times Magazine* Y / N

Registration Individual Member Information – Head of Household or Husband

Role: (*Head of Household or Husband*) _____

First Name: _____ Middle Name: _____ Nickname: _____

DOB (mm/dd/yyyy): _____

Place of Birth: _____

Occupation: _____ Employer: _____

Home Phone: _____ Mobile Phone: _____

Retired? Y / N Previous Employer: _____

First Language: _____

Previous Church Attended: Church / City / State _____

Sacramental Information

Baptized? Y / N Church / City / State _____

Reconciliation? Y / N First Communion? Y / N Confirmation? Y / N

Marital Status: _____ Date of Marriage: _____ Place of Marriage: _____

Any other information? _____

Family Registration Individual Member Information – Head of Household or Wife

Role: (*Head of Household, Husband, or Wife*) _____

First Name: _____ Middle Name: _____ Nickname: _____

Maiden Name: _____

DOB: (mm/dd/yyyy): _____ Place of Birth: _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile Phone: _____

Retired? Y / N Previous Employer: _____

First Language: _____

Previous Church Attended Church / City / State _____

Sacramental Information

Baptized? Y / N Church / City / State _____

Reconciliation? Y / N First Communion? Y / N Confirmation? Y / N

Any other information? _____

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Dependents:

1. Full Name: _____ Nickname: _____

Gender: M / F Relation to Head of Household: _____

Date / Place of Birth: _____

Religion: _____ Baptized? _____
(Name of Church, City, and State)

Reconciliation: Y / N First Communion: Y / N Confirmation: Y / N

Grade/School Attending: _____

Any other information: _____

2. Full Name: _____ Nickname: _____

Gender: M / F Relation to Head of Household: _____

Date / Place of Birth: _____

Religion: _____ Baptized? _____
(Name of Church, City, and State)

Reconciliation: Y / N First Communion: Y / N Confirmation: Y / N

Grade/School Attending: _____

PLEASE ADD INFORMATION FOR OTHER DEPENDENTS ON THE BACK OF THIS SHEET.