

Corpus Christi Parish
Family Registration
880 Toyopa Drive, Pacific Palisades, CA 90272 (310) 454-1328

Reg. Date:

Last Name: First Name:
Mailing Name: (ie Mr. & Mrs. John Doe)
Address: Address 2:
City: State: Zip:
Home Phone: Cell Phone: Email: Envelope #:

Individual Member Information

Role: (head of household, husband, wife, etc)
First Name/Nick Name:
Gender: Male Female DOB:
Maiden Name:
Email:
Work Phone: Cell Phone:
Occupation /Employer:
Sacramental Info: Baptized? Catholic? Date:
 Reconcile? First Eucharist? Confirmed?
Date: Date: Date:

Role: (head of household, husband, wife, etc)
First Name/Nick Name:
Gender: Male Female DOB:
Maiden Name:
Email:
Work Phone: Cell Phone:
Occupation /Employer:
Sacramental Info: Baptized? Catholic? Date:
 Reconcile? First Eucharist? Confirmed?
Date: Date: Date:

Marital Status:
Single, Married, Separated, Divorced, Annulled Valid Catholic Marriage?

Dependent Children Information

1. Relationship to Head of Household First Name: Last Name:
Male/Female: DOB: Birthplace:
School & Grad Yr.: 1st Language:
Check if Sacrement Received. Add Date if Known.
 Baptism? Catholic? Eucharist? Reconciliation? Confirmation?
Date: Date: Date: Date:

2. Relationship to Head of Household First Name: Last Name:
Male/Female: DOB: Birthplace:
School & Grad Yr.: 1st Language:
Check if Sacrement Received. Add Date if Known.
 Baptism? Catholic? Eucharist? Reconciliation? Confirmation?
Date: Date: Date: Date:

3. Relationship to Head of Household First Name: Last Name:
Male/Female: DOB: Birthplace:
School & Grad Yr.: 1st Language:
Check if Sacrement Received. Add Date if Known.
 Baptism? Catholic? Eucharist? Reconciliation? Confirmation?
Date: Date: Date: Date:

Please fill in all blank boxes and provide changes where necessary. If you need to add additional members please use a second form.