

# DIOCESE OF TYLER

Family Registration Form  
(Information will be kept confidential)

Parish or Community \_\_\_\_\_

For Parish Office Use	
Id # _____	CET _____
Date _____	Envelopes _____
Input by _____	Auto Withdraw _____

Household of \_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone \_\_\_\_\_

Status: Single Married Widowed Divorced Separated  
 Divorced & Remarried w/o Annulment

Ethnicity: Anglo Black Hispanic Asian Other \_\_\_\_\_

Religion: Catholic Other \_\_\_\_\_

Occupation \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

**Sacraments Received:**

Baptism Yes / No First Communion Yes / No  
 Confirmation Yes / No  
 Matrimony Yes / No \_\_\_\_\_  
Date & Location

Married in accord with the law of the Catholic Church? Yes / No  
 By: Priest/Deacon Minister Other

Languages spoken: English Spanish Other \_\_\_\_\_

email address \_\_\_\_\_

Spouse \_\_\_\_\_  
Last Name First Middle/Maiden

Status: Single Married Widowed Divorced Separated  
 (if Different) Divorced & Remarried w/o Annulment

Ethnicity: Anglo Black Hispanic Asian Other \_\_\_\_\_

Religion: Catholic Other \_\_\_\_\_

Occupation \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

**Sacraments Received - Spouse:**

Baptism Yes / No First Communion Yes / No  
 Confirmation Yes / No  
 Matrimony Yes / No \_\_\_\_\_  
Date & Location

Married in accord with the law of the Catholic Church? Yes / No  
 By: Priest/Deacon Minister Other

Languages spoken: English Spanish Other \_\_\_\_\_

**Other Persons Living in the Home:**

Last Name First		Gender	Relationship	Birthdate	Ethnicity	School Attending	Grade	Baptized	First Communion	Confirmed
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	M or F	_____	_____	_____	_____	_____	Yes / No	Yes / No	Yes / No

Person(s) in home with special needs?