

St. Gabriel's Church -- 5271 Clinton St., Elma, NY 14059 -- Fax: (716) 656-0616 -- Phone: (716) 668-4017

ENV. # _____ Date Registered: _____

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____

Marital Status: **Catholic Church** **Civil** **Married-Other** **Separated**
 Check all that apply **Single** **Widowed** **Divorced**

MEMBER INFORMATION: PLEASE LIST FIRST MEMBER OF HOUSEHOLD BELOW:

First Name _____ Head of Household Spouse Child Adult
 [Maiden Name-if Applicable]

Nick Name _____ Religion: **Catholic** **Non-Catholic**

Handicaps _____ Occupation _____

Birthdate _____ **FEMALE** **MALE** Highest Grade/Degree _____

Baptism date: _____ Place: _____

Confirmation date: _____ Place: _____

Marriage date: _____ Place: _____ If ended, Church Annulment Yes No

1st Penance date: _____ Place: _____

1st Communion date: _____ Place: _____

MEMBER INFORMATION: PLEASE LIST SECOND MEMBER OF HOUSEHOLD BELOW:

First Name _____ Head of Household Spouse Child Adult
 [Maiden Name-if Applicable]

Nick Name _____ Religion: **Catholic** **Non-Catholic**

Handicaps _____ Occupation _____

Birthdate _____ **FEMALE** **MALE** Highest Grade/Degree _____

Baptism date: _____ Place: _____

Confirmation date: _____ Place: _____

Marriage date: _____ Place: _____ If ended, Church Annulment Yes No

1st Penance date: _____ Place: _____

1st Communion date: _____ Place: _____

MEMBER INFORMATION: PLEASE LIST THIRD MEMBER OF HOUSEHOLD BELOW:

First Name _____ Head of Household Spouse Child Adult
[Maiden Name-if Applicable]

Nick Name _____ Religion: Catholic Non-Catholic

Handicaps _____ Occupation _____

Birthdate _____ FEMALE MALE Highest Grade/Degree _____

Baptism date: _____ Place: _____

Confirmation date: _____ Place: _____

Marriage date: _____ Place: _____ If ended, Church Annulment Yes No

1st Penance date: _____ Place: _____

1st Communion date: _____ Place: _____

MEMBER INFORMATION: PLEASE LIST FOURTH MEMBER OF HOUSEHOLD BELOW:

First Name _____ Head of Household Spouse Child Adult
[Maiden Name-if Applicable]

Nick Name _____ Religion: Catholic Non-Catholic

Handicaps _____ Occupation _____

Birthdate _____ FEMALE MALE Highest Grade/Degree _____

Baptism date: _____ Place: _____

Confirmation date: _____ Place: _____

Marriage date: _____ Place: _____ If ended, Church Annulment Yes No

1st Penance date: _____ Place: _____

1st Communion date: _____ Place: _____

