



Please list all household members, including those who are away at college and other adults living in the house.

FAMILY LAST NAME _____

Primary Phone Number _____ **Unlisted ?** ___ Yes ___ No

Street Address _____ **City** _____ **Zip** _____

If Spouse is not Catholic, does he/she want to be considered a member of St. Michael? ___ Yes ___ No

First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone
First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone
First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone
First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone
First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone
First Name (and other last name, if any)	Gender	Birth Date	Religion
	Email Address	Occupation	Cell Phone

Please use additional paper, if needed.