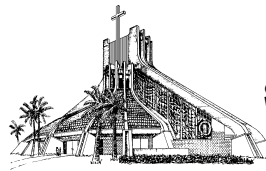


Last Name: _____
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SAINT MICHAEL THE ARCHANGEL PARISH

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REGISTRATION FORM

- Please Print -

Date: _____

Will you use envelopes? _____

Family Last Name: _____ Wife's Maiden Name: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address (If Different): _____ Phone Number: (_____) _____

Residency: Year-Round Seasonal (Seasonal Address): _____

Marriage Information — Date: _____ Church: _____ City: _____ State: _____

Permission to publish picture, phone, address, e-mail for parish use: Picture—Y ___ N ___ Phone—Y ___ N ___ Address—Y ___ N ___ E-mail—Y ___ N ___

ADULTS											
First Name	Middle Initial	Last Name (If Different)	Sex	Date of Birth	Single, Married, Sep, Div, Widowed	Married by Priest	Religion	Baptized	1st Comm	Confirm	Occupation
Head of Household			M F	/ /		Y N		Y N	Y N	Y N	
Spouse			M F	/ /		Y N		Y N	Y N	Y N	
Other			M F	/ /		Y N		Y N	Y N	Y N	
Other			M F	/ /		Y N		Y N	Y N	Y N	

CHILDREN LIVING AT HOME											
First Name	Middle Initial	Last Name (If Different)	Sex	Date of Birth	Relationship	Religion	Baptized	1st Comm	Confirm	Attend Religious Education	
			M F	/ /			Y N	Y N	Y N	Y N	
			M F	/ /			Y N	Y N	Y N	Y N	
			M F	/ /			Y N	Y N	Y N	Y N	
			M F	/ /			Y N	Y N	Y N	Y N	