

St. Clare Catholic Church

Family Registration

1950 Junction Blvd., Roseville, CA 95747 † Phone (916) 772-4717 † Fax: 916-772-4152

FAMILY INFORMATION

Family Last Name: _____

Address: _____

City, Zip: _____

Email Address: _____

Primary Phone: _____

Emergency Phone: _____

HEAD OF THE HOUSEHOLD

Gender: Female Male

Birthdate: (mm/dd/yy): __/__/__

Title: (Mr., Mrs. ...) _____

Birth Place: _____

First Name: _____

Religion: _____

Nickname: _____

Language: _____

Middle Name: _____

Ethnicity: _____

Suffix: (Jr., Sr., II...) _____

Marital Status: _____

Maiden Name: _____

Occupation: _____

Role: (Husband, Wife...) _____

SPOUSE INFORMATION

Gender: Female Male

Birthdate: (mm/dd/yy): __/__/__

Title: (Mr., Mrs. ...) _____

Birth Place: _____

First Name: _____

Religion: _____

Nickname: _____

Language: _____

Middle Name: _____

Ethnicity: _____

Suffix: (Jr., Sr., II...) _____

Marital Status: _____

Maiden Name: _____

Occupation: _____

Role: (Husband, Wife...) _____

NAMES OF OTHER MEMBERS / CHILDREN LIVING AT HOME

Gender: Female Male

Birthdate: (mm/dd/yy): __/__/__

Title: (Mr., Mrs. ...) _____

Birth Place: _____

First Name: _____

Religion: _____

Nickname: _____

Language: _____

Middle Name: _____

Ethnicity: _____

Suffix: (Jr., Sr., II...) _____

Role: (Son, Daughter...) _____

Gender: Female Male
Title: (Mr., Mrs. ...) _____
First Name: _____
Nickname: _____
Middle Name: _____
Suffix: (Jr., Sr., II...) _____

Birthday (mm/dd/yy): __/__/__
Birth Place: _____
Religion: _____
Language: _____
Ethnicity: _____
Role: (Son, Daughter...) _____

Gender: Female Male
Title: (Mr., Mrs. ...) _____
First Name: _____
Nickname: _____
Middle Name: _____
Suffix: (Jr., Sr., II...) _____

Birthday (mm/dd/yy): __/__/__
Birth Place: _____
Religion: _____
Language: _____
Ethnicity: _____
Role: (Son, Daughter...) _____

Gender: Female Male
Title: (Mr., Mrs. ...) _____
First Name: _____
Nickname: _____
Middle Name: _____
Suffix: (Jr., Sr., II...) _____

Birthday (mm/dd/yy): __/__/__
Birth Place: _____
Religion: _____
Language: _____
Ethnicity: _____
Role: (Son, Daughter...) _____

Gender: Female Male
Title: (Mr., Mrs. ...) _____
First Name: _____
Nickname: _____
Middle Name: _____
Suffix: (Jr., Sr., II...) _____

Birthday (mm/dd/yy): __/__/__
Birth Place: _____
Religion: _____
Language: _____
Ethnicity: _____
Role: (Son, Daughter...) _____

Would you like to receive Weekly Offertory Envelopes? Yes No

Would you like to give electronically? Yes No