## Coldwater Cluster Parishes

Note: Please print, use full legal names, and complete ALL information.

Registration Form

Env/ID: Date Registered:

Please circle parish: Holy Trinity St. Anthony St. Family Name:			•	dress:		with an * your primary of Home #									
Email:										His# _					
Head of Household	Shut- In	Birth Date	Religion	Вај	otism List	1st Comm st Date/Church/City o		Confirm of Sacraments		City/State of Birth		Date of Death			
Spouse/Significant Other	Shut- In	Birth Date	Religion	Baj	otism	1st Comm		Confirm		City/State	of Birth	Date of	Death		
Date Married:		Where Ma Church/C								Maider	Name:				
List all children in the home If parents are different than listed please see back side	Gend	er Birth D	Pate Ro	eligion	I	Baptism List Date/C		st Comm n/City for Sac		onfirm nts	City/Stat	e of Birth	Grade		
Children No Longer In Home Ge		er Birth Date		Religion				1st Comm rch/City for Sacramo		Confirm City/Stat		e of Birth	Date of Death		

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Registration Form

Env/ID:

Date Registered:

Family Name: Full Custody/Shared Custody/No Custody Birth/Legal Mother--Contact Number Child Name Birth/Legal Father--Contact Number Living **Additional Children** at Gender Birth Date Religion 1st Comm List Date/Church/City **Baptism** Confirm City/State of Birth Grade Special Notations: