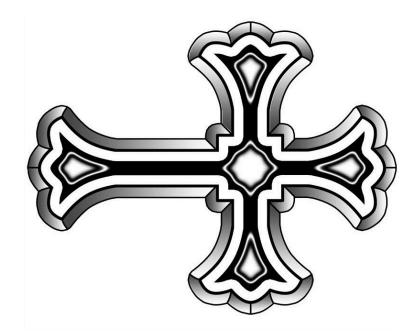
ST. CHRISTOPHER CATHOLIC CHURCH PARISH REGISTRATION

CENSUS INFORMATION IS STRICTLY CONFIDENTIAL

Registration Date:	Family Surname:			_
New Registration Full Time Resi Updated Registration Seasonal F Send Offertory Envelopes: Yes	Resident	Jan Feb M	ths you are local: ar Apr May Jun ep Oct Nov Dec	
Local Residence			dence (if applicable)	
Address:	Au	uress		
City, State Zip:	Cit	y, State Zip:		
Home Phone		Home Phone		
Cell Phone	Se	nd Mail to north	ern address Yes	_ No
E-Mail Address				
Head of Household	FAMILY INFOR	RMATION		
First, Middle, Last Name		Sex	Date of Birth	
Marital Status: SingleMarried				
Religion:	_ Sacraments Received:	Baptism:	Communion:	Confirmation:
Occupation		Work Pho	ne	
-				
Spouse Include last name if different.				
First, Middle, Last Name		Sex	Date of Birth	<u></u>
Maiden Name:	Occupation		Work Phon	e
Religion:	_ Sacraments Received:	Baptism:	Communion:	Confirmation:
Child / Adult Living In Your Home	Include last name if differer	nt.		
First, Middle, Last Name_		Sex	Date of Birth	
Religion:			Communion:	
	-			
Child / Adult Living In Your Home	Include last name if differer	nt.		
First, Middle, Last Name		Sex	Date of Birth	
Religion:	Sacraments Received:	Baptism:	Communion:	Confirmation:
Child / Adult Living In Your Home	Include last name if differer	nt		
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		_		
First, Middle, Last Name		Sex		Confirmation
First, Middle, Last NameReligion:			Date of Birth Communion:	
Religion:		Baptism:		
Religion:	Sacraments Received:	Baptism:	Communion:	

Parish Registration



St. Christopher Catholic Church 12001 SE Federal Hwy, Hobe Sound, FL 33455