



THE CHURCH OF  
ST. MICHAEL  
the Archangel

# Saint Michael the Archangel Parish Registration

60 Liberty Street • Pawcatuck, CT 06379 • Tel: 860-599-5580 • Fax: 860-599-8079 • saint.michael@sbcglobal.net

## FAMILY DETAILS

## DATE SUBMITTED:

Family Last Name: \_\_\_\_\_

Envelope #: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEMBER DETAILS

**Adult Members** \*At least one adult in the family must be designated as Head or Husband or Wife. Select Head if there is only one adult member.

### ADULT 1

### ADULT 2 (if applicable)

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Role:  Head  Husband  Wife

Role:  Head  Husband  Wife

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

## Other Family Members

\*Roles for other family members include son, daughter, granddaughter/son, step-child, grandmother/father, etc.

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Role: \_\_\_\_\_

Role: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Role: \_\_\_\_\_

Role: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\*If room for additional family members is needed, please attach on a separate sheet.