



Family Registration
Nativity Catholic Church
 705 E. Brandon Blvd., Brandon, FL 33511 (813) 681-4608
 www.nativitycatholicchurch.org

Welcome. Thank you for taking the time to complete this form. It will allow us to serve you and your family better. Before we get started we need to know some general information about your family.

Have you previously registered at Nativity Catholic Church or with another Catholic parish in the Diocese of St. Petersburg?

- Yes, I was a Nativity member with the following family.
- Yes, I have previously registered at the following parish.
- No, I have never registered in the Diocese of St. Petersburg.

Will you be a Full year member or Seasonal resident (Dates) _____ to _____ ?

Family Information

How would you like us to address the mail we send to you? (i.e. Mr. & Mrs. John Doe)

What is your family's address and home phone number?

Address Apt #

City State Zip Phone ()

Email @

Can we include your information in our church directory? Yes No Can we send email newsletters? Yes No

Would you prefer us to send information so you can give/tithe online with envelopes or both?

Please tell us about the people who live in your household.

Family Member #1

Family Member #2

First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Last Name:	<input type="text"/>	<input type="text"/>
Nick /Maiden Name:	<input type="text"/>	<input type="text"/>
Role: (circle one)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Head of House	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other Adult
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> male <input type="checkbox"/> female	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> male <input type="checkbox"/> female
Occupation:	<input type="text"/>	<input type="text"/>
Highest Education: (circle one)	<input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Trade <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> MD	<input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Trade <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> MD
Primary Language: (circle one)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Work / Cell Phone:	<input type="text"/> () <input type="text"/> ()	<input type="text"/> () <input type="text"/> ()
Religion:	<input type="text"/>	<input type="text"/>
Sacraments Completed:	<input type="checkbox"/> Baptized <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmed
Marital Status: (circle one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Marriage Date: (if applicable, circle type)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Church <input type="checkbox"/> Civil	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Church <input type="checkbox"/> Civil

Don't forget to complete the back if you have dependent children or other family members living with you.

Dependent Children and Other Family Members

#3	First Name:	Middle Name:	Last Name:	
	Relationship to #1: <small>(i.e. Son, Daughter)</small>	DOB: / /	Male Female	Nick Name:
	Sacraments Completed <small>(circle all that apply):</small> Baptized 1st Eucharist Confirmed	Grade:		Primary Language:
	School:			

#4	First Name:	Middle Name:	Last Name:	
	Relationship to #1: <small>(i.e. Son, Daughter)</small>	DOB: / /	Male Female	Nick Name:
	Sacraments Completed <small>(circle all that apply):</small> Baptized 1st Eucharist Confirmed	Grade:		Primary Language:
	School:			

#5	First Name:	Middle Name:	Last Name:	
	Relationship to #1: <small>(i.e. Son, Daughter)</small>	DOB: / /	Male Female	Nick Name:
	Sacraments Completed <small>(circle all that apply):</small> Baptized 1st Eucharist Confirmed	Grade:		Primary Language:
	School:			

#6	First Name:	Middle Name:	Last Name:	
	Relationship to #1: <small>(i.e. Son, Daughter)</small>	DOB: / /	Male Female	Nick Name:
	Sacraments Completed <small>(circle all that apply):</small> Baptized 1st Eucharist Confirmed	Grade:		Primary Language:
	School:			

#7	First Name:	Middle Name:	Last Name:	
	Relationship to #1: <small>(i.e. Son, Daughter)</small>	DOB: / /	Male Female	Nick Name:
	Sacraments Completed <small>(circle all that apply):</small> Baptized 1st Eucharist Confirmed	Grade:		Primary Language:
	School:			

Is there anything else you would like us to know about your family?

Are there any activities, ministries, or services you'd like more information about?

Thank you for sharing your information with us. We look forward to having you as part of our community. God Bless You.

Office use only:							
Received by: _____	X _____	Office	Faith Formation	School	Stewardship	Date: _____	
Entered by: _____	Date: _____	Envelope # _____	DioID _____	OSV	Online Giving	Welcome	