

[your parish name]

Household Registration Form



Please fill in this form completely. You may type directly into this form and return it via e-mail.

Your names as parents If more than one parent is to be involved, please list all the names.	First			Last		
	First			Last		
Your child's name If more than one child is to be involved, please list all the names.	First			Last		
Postal address	Street		City		Zip	
Phone						
E-mail						
Please tell us on which dates you plan to be present. If you must miss certain dates, we will ask you to make up the session with your child at home. Please place a √ next to those dates on which you will be present.		Session 1:				
		Session 2:				
		Session 3:				
		Session 4:				
		Session 5:				
		Session 6:				
		The celebration of the Sacrament:				
Your signature: If sending this form via e-mail, please type in your name as indication of your signature.						

Please return this form to: **[here insert the mailing address and e-mail address of the parish]**