

**NEW PARISHIONER REGISTRATION FORM**

CATHOLIC COMMUNITY OF ST. MICHAEL \* 4901 East Superior Street \* Duluth MN 55804 \* 218-525-1902  
[www.stmichaelsduluth.org](http://www.stmichaelsduluth.org) sharene.anstett@duluthcatholic.org

Office Use: Date Reg.  Envelope # _____	Family Last Name _____ E-mail Address _____  Mailing Address _____ City _____ State _____ Zip _____  Primary Phone # _____ <input type="checkbox"/> Unlisted      Husband Cell # _____ <input type="checkbox"/> Unlisted  Wife Cell # _____ <input type="checkbox"/> Unlisted
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**MEMBERS OF HOUSEHOLD - Include only those whose permanent residence is as shown above. If multiple families reside at the same address, please complete a separate registration form for each family. Contact the Parish Office at 218-525-1902 if you have questions.**

	Head	Spouse	Child – 1	Child – 2	Child – 3	Child – 4	Child – 5	Other Than Child
First Name								
Last Name								
Maiden Name								
Birth Date								
Occupation (Optional)								
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Religion								
Baptism Date (yes or no)								
First Comm. (yes or no)								
Confirmation (yes or no)								
(1) Marital Status								
(2) Date/Place of Marriage								

(1) M = Married    S=Single    Sep = Separated    W=Widowed    D=Divorced      (2) CC = Catholic Church    C = Civil Ceremony    O =Other