Holy Family Parish Family Registration
Three Forks, MT.

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Reg Date:	/ /

Mailing Name (ie Mr. & Mrs. John Doe) Address: City: AreaCode: Home Phone: Family Email: Individual Member Information Farish Status: 66ths, Individual Member Information Parish Status: 66ths, Individual Member Information Male / Female (Maiden) DOB (mn/dd/yyyy): First Janguage: Occupation/Employer: Occupation/Employer: Parish Status: 8	Last Name:	First Name(s):				
City: State: Zip:	Mailing Name (ie Mr. &	Mrs. John Doe)				
Emergy Phone: Envis Envi	Address:	Add2:				
Parish Status:	City:	State: Zip:				
Individual Member Information Parish Status:	AreaCode:	Home Phone: Emerg. Phone:				
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First Name /Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer: Occupation/Empl	Parish Status: Inactive)					
Male / Female (Maiden) Male / Female (Male / Female (Male / Female (Male / Female / Female (Male / Female / Female / Female / Male / Male / Female / Male / Male / Female / Male / Female / Male / Female / Male / Male / Male / Female / Male / Male / Female / Male / Ma	Role: Husband, Wife etc.)					
DOB (mm/dd/yyyy): / / / / /		No. 1 / Francis (Meiden)				
Email: Work Phone/Cell Phone: First Language: Occupation/Employer: / / / / / / / / / / / / / / / / / / /						
Work Phone/Cell Phone: First Language: Occupation/Employer: Sacramental Info: Baptized? Catholic?						
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Marital Status: Valid Catholic Marriage?		/ /				
Are there any members of your household who would like to be visited by a priest? Relationship to Head of Household First Name Last Name Last Name Gender Birthdate H.S. School First Language Sirthdate Sirthdate	(Single, Married, Separated, Divorced, Annulled)	Reconcil? First Eucharist? Confirmed? Reconcil? First Eucharist? Confirmed? / / / / / / / / / / / / / / / / / /				
Relationship to Head of Household (Son, Daughter, Mother Father etc.) Last Name Last Name (Son, Daughter, Mother Father etc.) M/F / /	Marital Status:	Valid Catholic Marriage?				
Head of Household (Son, Danghter, Mother Father etc.) Check if Sacrament Received. Add Date if known.	Are there any members of you	r household who would like to be visited by a priest?				
Household First Name / Last Name (Son, Daughter, Mother Father etc.) Check if Sacrament Received. Add Date if known.	Relationship to Dependent Children Information					
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TURGER WILLIAM OF MICHAEL MONDE AND DECRETED RECORDER SUPERCE RECORDERS OF THE SUPERCE PROPERTY OF THE		and provide changes where necessary. If need to add additional members please use a second form				

Relationship to	Dependent C	Children Information	
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