

# **FAMILY INFORMATION**

(    ) Registered in SFX Parish / Parish Number: \_\_\_\_\_ New Families Only: Previous Parish: \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Maiden Name**

\_\_\_\_\_  
**Religion**

\_\_\_\_\_  
**Religion**

Address: \_\_\_\_\_  
(if different from participant)

\_\_\_\_\_  
City State Zip

Address: \_\_\_\_\_  
(if different from participant)

\_\_\_\_\_  
City State Zip

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

E-Mail:(\_\_\_\_\_) \_\_\_\_\_

E-Mail:(\_\_\_\_\_) \_\_\_\_\_

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## **Legal Guardian Information:**

**Parent Status:** Living Together: Yes (    ) No (    )

If No: **Mother:** Deceased (    ) Separated (    ) Remarried (    ) / **Father:** Deceased (    ) Separated (    ) Remarried (    )

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

(over)