

SAINT ANN OF FRANKFORT PARISH REGISTRATION FORM

Family Last Name _____ Date of Registration: _____

First Name _____ Spouse _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone # 1: _____ Phone # 2: _____

Email: _____

Alternate Winter Address: _____

(Circle response)

Will you use envelopes? Yes No

Residency: Year round Summer

| | MEMBER INFORMATION | | | |
|---------------------------------|------------------------------|---------------|--------------|--------------|
| | HEAD OF HOUSEHOLD | SPOUSE | CHILD | CHILD |
| First Name | | | | |
| Last Name | | | | |
| (If different) | | | | |
| Birth Date | | | | |
| Marriage Date | | | | |
| Catholic (Y/N) | | | | |
| Baptized (Y/N) | | | | |
| Confirmed (Y/N) | | | | |
| 1 st Penance (Y/N) | | | | |
| 1 st Communion (Y/N) | | | | |