

St. Madeleine Catholic Church  
17155 NW US HWY 441, High Springs, FL 32643  
Registration Form

ID/Env #: \_\_\_\_\_

Original Registration Date: \_\_\_\_\_

Head of Household - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title (MrJMrsJMsJMiss): \_\_\_\_\_ Suffix (SrJrJIII): \_\_\_\_\_

Physical Address - Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Mailing Address - (if different from physical address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Unlisted - yes or No

Text - Yes or No

Spouse - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title (MrJMrsJMsJMiss): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Unlisted - Yes or No

Text - Yes or No

Single/Married/Separated/Divorced/Widow/Widower (circle one) If Married, wedding date: \_\_\_\_\_

Name (Include all Living in Household)	Male Or Female	Ethnicity	Date of Birth	Religion	Date of Baptism	Date of First Holy Communion	Date of Conformation	Occupation

Languages Spoken: \_\_\_\_\_

Directions to your home:

For Office Use: PDS by \_\_\_\_\_ Date \_\_\_\_\_ Welcome Committee by \_\_\_\_\_ Date \_\_\_\_\_

Card Sent by \_\_\_\_\_ Date \_\_\_\_\_ Bulletin Notice by \_\_\_\_\_ Date \_\_\_\_\_

revised: 08/2014