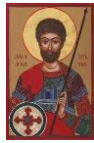


Registration Date ____/____/____



St. Genevieve- St. Maurice Catholic Parish
29015 Jamison St.
Livonia, MI 48154



Family Information

Last name _____ Family Email _____

Mailing Name _____

Primary Phone _____ Person to contact in case of emergency _____

Relationship _____ Phone _____

Address 1 _____

Apt # _____ City _____ State _____ Zip code _____

Member Information- Head of Household

First Name _____ Last Name _____ Middle _____ Male / Female

Date of Birth _____ Maiden Name _____ Cell Phone _____

Place of Birth _____ Email _____ Work Phone _____

Special Needs _____

Sacrament Information

Catholic Other Religion
Please Specify _____

First Eucharist ____/____/____
Church _____
City, State _____

Baptism ____/____/____
Church _____
City, State _____

Confirmation ____/____/____
Church _____
City, State _____

Marriage ____/____/____
Catholic Y / N
Church _____
City, State _____

Marital Status:
Single Married Widowed Divorced

**Would you like to be contacted regarding Sacraments for you or any members? Y / N Phone # _____

For office use only: Envelope # _____ Initials _____

Member Information

First Name _____ Last Name _____ Middle _____ Male / Female

Date of Birth _____ Maiden Name _____ Cell Phone _____

Place of Birth _____ Email _____ Work Phone _____

Special Needs _____

Sacrament Information

Catholic Other Religion
Please Specify _____

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Church _____
City, State _____

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Confirmation ____/____/____
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City, State _____

Marriage ____/____/____
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Church _____
City, State _____

Marital Status:

Single Married Widowed Divorced

Member Information

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Catholic Y / N

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Marriage ____/____/____

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Catholic Y / N

Church _____

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City, State _____

Marriage ____/____/____

Catholic Y / N

Church _____

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Church _____
City, State _____

Marriage ____/____/____

Catholic Y / N

Church _____

City, State _____

Marital Status

Single Married Widowed Divorced

