



P O Box 68 / 13989 195th Street
 Jim Falls, WI 54748
 (715) 382-4422

Title: (Circle One) Mr Mrs Ms Miss Dr

Head of Household (First Name): _____ Last Name _____

Mailing Address: _____ Physical Address _____

City: _____ State: _____ Zip: _____ Home Phone #: (____) _____ Unlisted (Y) (N)

Date form completed: _____ Envelope Number: _____ E-Mail Address: _____

FAMILY MEMBER INFORMATION: PLEASE PRINT (For additional children please use a second form)

	Head	Spouse	Child	Child	Child	Child
First Name						
Middle Name						
Last Name If Different						
Sex	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F
Marital (See Code Below)						
Religion						
Birth Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Baptism	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N
1st Communion	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N
Confirmation	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N	___ Y ___ N
Occupation						
Business Phone						
Name of School						
Grade Level						

INSTRUCTIONS:

Current Marital Status- Code: 1 Single 2 Widowed 3 Married by a priest 4 Married outside of Catholic Church 5 Previous marriage(s) 6 Divorced 7 Separated