

St. Norbert Church 16455 New Halls Ferry Road Florissant, Mo. 63031

Please Complete and Return **REGISTRATION FORM** to St. Norbert Church (314) 831-3874 Fax (314) 830-3586

Joined Parish (Month & Year) \_\_\_\_\_ Do you wish to receive the "Review" Yes \_\_\_ No \_\_\_

ADULT 1

NAME \_\_\_\_\_  
Last First Middle Maiden Name Nickname: i.e., Sue, Jim

MAILING ADDRESS: \_\_\_\_\_

House Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Unlisted? Yes No EMAIL ADDRESS: \_\_\_\_\_

IF UNLISTED do you want this number in the Parish Directory? Yes No

GENDER: Male Female BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ MARRIED IN THE

MARITAL STATUS: \_\_\_\_\_ DATE MARRIED: \_\_\_/\_\_\_/\_\_\_ CATHOLIC CHURCH? Yes No

NAME OF CHURCH & STATE OF MARRIAGE: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ Ext. \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: Yes No FIRST COMMUNION: Yes No CONFIRMATION: Yes No  
Church & Date \_\_\_\_\_ Church & Date \_\_\_\_\_ Church & Date \_\_\_\_\_

ARE YOU A PRACTICING CATHOLIC? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No

MINISTRIES ORGANIZATION SKILLS INTERESTS  
\_\_\_\_\_  
\_\_\_\_\_

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ADULT 2

NAME \_\_\_\_\_  
Last First Middle Maiden Name Nickname: i.e., Sue, Jim

GENDER: Male Female Birth date: \_\_\_/\_\_\_/\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: Yes No FIRST COMMUNION: Yes No CONFIRMATION: Yes No  
Church & Date \_\_\_\_\_ Church & Date \_\_\_\_\_ Church & Date \_\_\_\_\_

ARE YOU A PRACTICING CATHOLIC? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No

MINISTRIES ORGANIZATION SKILLS INTERESTS  
\_\_\_\_\_  
\_\_\_\_\_

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HOUSEHOLD TYPE

- 1. \_\_\_ Married Couple with Children
- 2. \_\_\_ Married Couple w/o Children
- 3. \_\_\_ One Parent Household
- 4. \_\_\_ One Adult Household
- 5. \_\_\_ Other

DISABLED INDIVIDUAL IN YOUR HOUSEHOLD: Yes No Type: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

\*\*\*\*\* PLEASE ENTER CHILDREN'S INFORMATION ON REVERSE \*\*\*\*\*

## CHILDREN AT HOME

(Those over 18, employed full time, should complete a separate Registration Form)

### CHILD 1

Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Nickname: i.e., Sue, Jim

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_                      GENDER: Male   Female                      SCHOOL \_\_\_\_\_                      GRADE \_\_\_\_\_

BAPTIZED                      Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

FIRST COMMUNION Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

CONFIRMATION            Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

### CHILD 2

Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Nickname: i.e., Sue, Jim

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_                      GENDER: Male   Female                      SCHOOL \_\_\_\_\_                      GRADE \_\_\_\_\_

BAPTIZED                      Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

FIRST COMMUNION Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

CONFIRMATION            Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

### CHILD 3

Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Nickname: i.e., Sue, Jim

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_                      GENDER: Male   Female                      SCHOOL \_\_\_\_\_                      GRADE \_\_\_\_\_

BAPTIZED                      Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

FIRST COMMUNION Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

CONFIRMATION            Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

### CHILD 4

Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Nickname: i.e., Sue, Jim

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_                      GENDER: Male   Female                      SCHOOL \_\_\_\_\_                      GRADE \_\_\_\_\_

BAPTIZED                      Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

FIRST COMMUNION Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_

CONFIRMATION            Y N   CHURCH, CITY, STATE, AND DATE \_\_\_\_\_