

St. James Parish

Family Registration

46325 W. Ten Mile Rd. Novi, MI 48374
(248) 347-7778 • sjnovi.net

- JCK
- Spreadsheet
- Welcome Letter
- OSV
- PS

Registration Date / /

Envelope #

OFFICE USE ONLY

FAMILY INFORMATION

Family Last Name Mailing Name
(ie Mr. & Mrs. John Doe)

Address Address 2

City State Zip -

Primary Phone () - Family Email

Emergency Contact Relation Phone () -

Permission to publish phone, address, email in Parish Directory: Publish Phone? Publish Email? Publish Address?

Were you a previous member at St. James?

INDIVIDUAL MEMBER INFORMATION

Husband (or single male)

Role (Head of House, Husband)

Full Name (First, Mid., Last)

Nickname Birthdate

Email

Special Needs (Allergies, handicaps, etc.)

Work Phone () - Cell () -

Occupation/Employer

Current Religion

Baptized Religion Catholic Other

First Eucharist Confirmed RCIA

Wife (or single female)

Role (Wife, Adult)

Full Name (First, Mid., Last)

Nickname Birthdate

Maiden Name

Email

Special Needs (Allergies, handicaps, etc.)

Work Phone () - Cell () -

Occupation/Employer

Current Religion

Baptized Religion Catholic Other

First Eucharist Confirmed RCIA

Marital Status (Single, Married, Separated, Divorced, Annulled) Wedding Date Married by a Catholic Priest or Deacon?

Wedding Church/City/State Celebrant Name

ADDITIONAL ACTIVE FAMILY MEMBERS

Name (First, Middle, Last)	Nickname	Gender	Birthdate	Relationship to Head of Household (Son, Daughter, Mother, Father, etc.)	Special Needs (Allergies, Hadicaps, etc.)	Sacraments
						Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
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						Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
						H.S. Graduation Year <input type="text"/>
						Current Grade <input type="text"/>

For additional members, use back of form.

Name (First, Middle, Last)				
Nickname				
Gender				
Birthdate				
Relationship to Head of Household (Son, Daughter, Mother, Father, etc.)				
Special Needs (Allergies, Hadicaps, etc.)				
Sacraments	Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Baptized: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
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