



**St. Boniface**  
CATHOLIC CHURCH

4025 Main Street • PO Box 68  
St. Bonifacius, MN 55375  
(952) 446-1054

Registered By: \_\_\_\_\_

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

**GENERAL FAMILY INFORMATION**

Last Name:

Street Address:

City, State, Zip:

Marital Status:

Date of Marriage:

Location of Marriage (City & Church/Other):

If married, was the marriage recognized by the Catholic Church?

**ADULT MEMBER INFORMATION**

Full Name (include maiden):

Date of Birth:

Place of Birth (City, State):

Religious Affiliation:

Please Check Sacraments Received:      \_\_\_ Baptism      \_\_\_ 1<sup>st</sup> Communion  
   \_\_\_ Confirmation      \_\_\_ Matrimony

Home Phone:

Cell Phone:

Email Address:

Occupation:

Employer:

**ADULT MEMBER INFORMATION**

Full Name (include maiden):

Date of Birth:

Place of Birth (City, State):

Religious Affiliation:

Please Check Sacraments Received:      \_\_\_ Baptism      \_\_\_ 1<sup>st</sup> Communion  
   \_\_\_ Confirmation      \_\_\_ Matrimony

Home Phone:

Cell Phone:

Email Address:

Occupation:

Employer:

**CHILD MEMBER INFORMATION**

Full Name:	
Date of Birth:	Place of Birth (City, State)
Please Check Sacraments Received:      ___ Baptism      ___ 1 <sup>st</sup> Communion ___ Confirmation      ___ Matrimony	
School:	Grade:

**CHILD MEMBER INFORMATION**

Full Name:	
Date of Birth:	Place of Birth (City, State):
Please Check Sacraments Received:      ___ Baptism      ___ 1 <sup>st</sup> Communion ___ Confirmation      ___ Matrimony	
School:	Grade:

**CHILD MEMBER INFORMATION**

Full Name:	
Date of Birth:	Place of Birth (City, State):
Please Check Sacraments Received:      ___ Baptism      ___ 1 <sup>st</sup> Communion ___ Confirmation      ___ Matrimony	
School:	Grade:

**CHILD MEMBER INFORMATION**

Full Name:	
Date of Birth:	Place of Birth (City, State):
Please Check Sacraments Received:      ___ Baptism      ___ 1 <sup>st</sup> Communion ___ Confirmation      ___ Matrimony	
School:	Grade:

Notes: \_\_\_\_\_  
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