Reg. Date:

**Corpus Christi Parish** Family Registration 880 Toyopa Drive, Pacific Palisades, CA 90272 (310) 454-1328

Last Name:	First Name:
Mailing Name: (ie Mr. & Mrs. John Doe)	
Address:	Address 2:
City:	State: Zip:
Home Phone: Cell Phone:	Email: Envelope #:
Individual Me	mber Information
Role: (head of household, husband, wife, etc)	Role: (head of household, husband, wife, etc)
First Name/Nick Name:	First Name/Nick Name:
Gender: Male Female DOB:	Gender: Male Female DOB:
Maiden Name:	Maiden Name:
Email:	Email:
Work Phone: Cell Phone:	Work Phone: Cell Phone:
Occupation /Employer:	Occupation /Employer:
Sacramental Info: Baptized? Catholic? Date:	Sacramental Info: Baptized? Catholic? Date:
Reconcile? First Eucharist? Confirmed?	Reconcile? First Eucharist? Confirmed?
Date: Date: Date:	Date: Date: Date:
Marital Status:	
Single, Married, Separated, Divorced, Annulled Valid Catholic Marriage?	
Dependent Chi	Idren Information
1. Relationship to Head of Household First Name:	Last Name:
1. Relationship to Head of Household       First Name:         Male/Female:       DOB:         Birthplace:       Birthplace:	Last Name:
	Last Name:
Male/Female: DOB: Birthplace: School & Grad Yr.: Check if Sacrement Re	1st Language:       Ceived. Add Date if Known.
Male/Female: DOB: Birthplace: School & Grad Yr.: Check if Sacrement Re Baptism? Catholic? Eucharis	1st Language:         ceived. Add Date if Known.         at?       Reconciliation?
Male/Female: DOB: Birthplace: School & Grad Yr.: Check if Sacrement Re	1st Language:       Ceived. Add Date if Known.
Male/Female: DOB: Birthplace: School & Grad Yr.: Check if Sacrement Re Baptism? Catholic? Eucharis	1st Language:         ceived. Add Date if Known.         at?       Reconciliation?
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Male/Female:       DOB:       Birthplace:         School & Grad Yr.:       Check if Sacrement Re         Baptism?       Catholic?       Eucharis         Date:       Date:       Date:         2. Relationship to Head of Household       First Name:       Eucharis	1st Language:         ceived. Add Date if Known.         at?       Reconciliation?         Date:       Date:
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Male/Female: DOB:   Birthplace:   School & Grad Yr.:   Baptism?   Catholic?   Eucharis   Date:   Date:   Date:   DoB:   Birthplace:   School & Grad Yr.:   Check if Sacrement Re   Baptism?   Check if Sacrement Re   DoB:   Birthplace:   Date:   DoB:   Date:   Date:   Date:   Date:   Date:	1st Language:   Ceived. Add Date if Known.   at?     Date:   Date:   Date:     Last Name:     ceived. Add Date if Known.     t?     1st Language:     ceived. Add Date if Known.     Date:
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