

St Anne Parish (French) Family Registration

290 Jefferson Ave., Salem, MA 01970 978 744-1930

Reg Date:

Would you like
Contrib. Env.?
Yes or No

Office Use Only
Env#

Mailing Name:

Home Phone:

Last Name:

Family Email:

First Name(s)

Address:

Permission to publish phone, address, email in Parish Directory

Add2: CARRT

Publish Phone?

Publish Address?

Publish Email?

City: State:

Zip: - AreaCode:

School District:

Couple/Head of Household Information

Marital Status: Married by Priest/Deacon? Anniversary Date: Wedding Church/City:

Husband/Head:

Wife:

Parish Status:
Name:
DOB:

(Maiden)

Sacramental Info: Baptized? Catholic?
RCIA?

Baptized? Catholic?
RCIA?

Reconcil? First Eucharist? Confirmed?

Reconcil? First Eucharist? Confirmed?

Occupation:
Work Phone:
Email:

Children Information

Child	Birthdate	Sex	Grad Yr	Special Needs:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>