

St. Finbarr Church

13520 Tamiami Trail East, Naples FL 34114

Original Registration Date ____/____/____ or UPDATE?

Last Name: _____ First Name _____ Spouse _____

Local Address:

Address: _____ Apt/Unit # _____ Town: _____ FL, Zip: _____

EMAIL: _____

Home Phone: _____ Envelope # _____

Emergency Phone & Contact Person: _____

Local Mailing Address only if different than above:

Address: _____ Apt/Unit # _____ Town: _____ FL, Zip: _____

Summer/Alternate Address: DATES: FROM: _____ TO: _____

Address: _____ Apt/Unit # _____ Town: _____ State _____, Zip: _____

Summer/Alternate Phone: _____

INDIVIDUAL MEMBER INFORMATION

	Man/Husband	Woman/Wife
Active (Yes or No)		
Preferred Name (if different)		
Last Name (if different than family)		
Date of Birth		
Marital Status (married, single, divorced, widowed)		
Email (if different than above)		
Personal Cell Phone		
Work Phone		
Language (if other than English)		
Occupation (if retired, note & list former / or current)		
Place of Employment		
Ministry & Interests (List for each member) <i>(Please specify availability for each interest for example: Eucharistic Minister, Sunday 10am & weekdays)</i>		

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Sacraments (Place and Date if available)	Man/Husband	Woman/Wife
Baptism		
Catholic? (yes or please state faith of Baptism)		
Reconciliation		
First Eucharist		
Confirmation		
Matrimony (if married, please list wedding date)		
Valid Catholic Marriage (yes or no)		
Any members of your household who wish to be visited by a priest?		
If spouse is deceased, please give name and date of death:		
Special Needs		

Dependant Children

First Name	
Date of Birth & Place of Birth	
Gender (M of F)	
Preferred Name (if different)	
Last Name (if diff. than family)	
School and Grade	

Sacraments (date and place if known)

Baptism (state faith of Baptism if other than Catholic)	
Reconciliation	
First Eucharist	
Confirmation	
Special Needs	

First Name	
Date of Birth & Place of Birth	
Gender (M of F)	
Preferred Name (if different)	
Last Name (if diff. than family)	
School and Grade	

Sacraments (date and place if known)

Baptism (state faith of Baptism if other than Catholic)	
Reconciliation	
First Eucharist	
Confirmation	
Special Needs	

First Name	
Date of Birth & Place of Birth	
Gender (M of F)	
Preferred Name (if different)	
Last Name (if diff. than family)	
School and Grade	

Sacraments (date and place if known)

Baptism (state faith of Baptism if other than Catholic)	
Reconciliation	
First Eucharist	
Confirmation	
Special Needs	