



MARY HELP of CHRISTIANS

*Catholic Church and School*

5980 University Drive, Parkland, FL 33067

Please print clearly

Family Last Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Primary) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Secondary) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

**FAMILY HISTORY**

	Head of Family	Spouse	Child	Child	Child	Child	Other
First Name (Include last name only if different)							
Male or female							
Date of birth	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Marital Status							
Religion							
Baptized Yes or No							
1 <sup>st</sup> Communion Yes or No							
Confirmation Yes or No							

**If married by a priest:**

Date of Marriage \_\_\_\_\_

City and State where married \_\_\_\_\_

Name of Church \_\_\_\_\_

Office use only:

Envelope # \_\_\_\_\_