# St. Francis Xavier Registration

2947 Thinnes St., Cross Plains, WI 53528 Phone: (608)798-0100 Fax: (608)798-2976 Email: info@sfxcrossplains.org

**Date / /**

| **Family (Last) Name** | **Address** | **City, State** | **Zip** |
|---|---|---|---|
| **Mailing Address (if different than above)** | **Home Phone** | **Cell His**<br>**Cell Hers** | **Family's Primary Email Address** |
| **Marital Status (please circle)**<br>**Married Single Divorced Separated Widowed** | **Would you like to receive The Catholic Herald?**<br>**Yes ☐ No ☐** | **Office Use**<br>**ID# Compt Dio CH Rolodex Card Packet Copies EFT** | |

**Husband (or Male Head)**

Name_____
First Middle
Religion_____ Birthdate_____

Occupation/Place_____

Work Phone_____

Baptism: Yes/No Date _____
Place_____

Reconciliation Y / N Date_____
Place_____

Communion Y / N Date_____
Place_____

Confirmation Y / N Date_____
Place_____

Marriage Y / N Date_____
Place_____

**Wife (or Female Head)**

Name_____ (Maiden) _____
First Middle
Religion_____ Birthdate_____

Occupation/Place_____

Work Phone_____

Baptism Yes/No Date_____
Place_____

Reconciliation Y / N Date_____
Place_____

Communion Y / N Date_____
Place_____

Confirmation Y / N Date_____
Place_____

Marriage Y / N Date_____
Place_____

| **Children at Home Name, first & middle** | **Date of Birth** | **Gender** | **School & Grade** | **Religion (if not Catholic)** | ****Baptism**** **Date/Place** | **Reconciliation Date/Place** | **Communion Date/Place** | **Confirmation Date/Place** |
|---|---|---|---|---|---|---|---|---|
| | | | | | Yes/No | Yes/No | Yes/No | Yes/No |
| | | | | | Y/N | Y/N | Y/N | Y/N |
| | | | | | Y/N | Y/N | Y/N | Y/N |
| | | | | | Y/N | Y/N | Y/N | Y/N |

**** A copy of your children's Baptismal Certificate is required****