

*St William Of York Parish*  
*600 Cooks Lane, Baltimore, MD 21229 410 566-2140*  
**Family Registration**

Registration Date: \_\_\_\_\_ Contrib. Envelopes? (check one) YES \_\_\_ NO \_\_\_ Envelope # \_\_\_\_\_

The Catholic Review? (check one) YES \_\_\_ NO \_\_\_

Mailing Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Family Email: \_\_\_\_\_  
 First Name(s) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Add2 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Permission to publish phone, address, email in Parish Directory*  
 Publish Phone?  Publish Address?  Publish Email?

**Couple/Head of Household**

Marital Status: \_\_\_\_\_ Name of Church Where Married \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
 Address of Church \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**HUSBAND OR Head:**

Name: \_\_\_\_\_  
Sacramental Info:  
 DOB: \_\_\_\_\_ Baptized Date: \_\_\_\_\_  
 1<sup>ST</sup> Euch. Date: \_\_\_\_\_ Reconcil. Date: \_\_\_\_\_  
 RCIA? Date: \_\_\_\_\_ Confirm. Date: \_\_\_\_\_

**WIFE OR Spouse:**

Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Sacramental Info:  
 DOB: \_\_\_\_\_ Baptized? Date: \_\_\_\_\_  
 1<sup>ST</sup> Euch. Date: \_\_\_\_\_ Reconcil. Date: \_\_\_\_\_  
 RCIA? Date: \_\_\_\_\_ Confirm. Date: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Children's Information**

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Sacrament Received:**

Baptism Date	_____	Church	_____
Eucharist Date	_____	Church	_____
Reconciliation Date	_____	Church	_____
Confirmation Date	_____	Church	_____

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Sacrament Received:**

Baptism Date	_____	Church	_____
Eucharist Date	_____	Church	_____
Reconciliation Date	_____	Church	_____
Confirmation Date	_____	Church	_____

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Sacrament Received:**

Baptism Date	_____	Church	_____
Eucharist Date	_____	Church	_____
Reconciliation Date	_____	Church	_____
Confirmation Date	_____	Church	_____