

St. Michael Parish Registration Form

9101 S. 78th Street

Lincoln, NE 68516

Nikki-dolan@cdolinc.net

(Completed forms may be emailed to Nikki Dolan, mailed to the parish address, or dropped in the collection basket)

Family Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

| Head of Household | Male | Female |
|---|------------------|---|
| First Name | | |
| I prefer to be called | | |
| Maiden Name: | ▲▲▲▲▲▲▲▲▲▲▲▲▲▲▲▲ | |
| Date of Birth | | |
| Present Religion | | |
| Baptism Date & Place | | |
| First Communion Date & Place | | |
| Confirmation Date & Place | | |
| Occupation | | |
| Employed By | | |
| Work Phone | | |
| Cell Phone | | |
| EMAIL address(s): | | |
| Marriage Date: Name of Church City/State | | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Eccl. Annul. |

Children:

| Name(s): <i>Last if different than family name</i> | Gender | Birth Date and Place | Baptism Date and Place | 1 st Communion Date and Place | Confirmation Date and Place | School & Grade | At Home |
|---|--------|----------------------|------------------------|--|-----------------------------|----------------|---------|
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Do any family members have Sacramental needs?

___ Baptism ___ Confirmation ___ Marriage Issues

If so, please contact Father Ken Borowiak at fborowiak@cdolinc.net or Sr. Mildred Busch at sr.mildred-busch@cdolinc.net.