

St. Francis Xavier Church

1001 East 52nd Street
Kansas City, MO 64110
816.523.5115
www.sfx-kc.org

Date _____

Registration Form

- New member
- Attending member, but not registered
- Already registered member, change only

Mailing name _____

Mailing address _____
Street or P.O. Box *City* *State* *Zip*

Address 2 _____
Street *City* *State* *Zip*

Home phone () _____ Family Email _____

Weekend liturgy most often attended: 4:00 8:00 10:30

Permission to publish in Parish Directory Phone _____ Address _____ Email _____

Permission to publish family photos from parish events Yes _____

• Individual Adult Information (*Full legal name*)

_____ *Last* *First* *Middle* *Maiden last name*
Birth date _____ Marital status _____ Cell phone () _____ Email _____
month day year

Occupation _____ Employer _____ Work phone () _____

May we contact you at home _____ at work _____ by cell phone _____ other _____

Sacramental Information (*Enter dates, if known*) Current religion _____

Baptized Yes _____ *month day year* Faith of baptism _____ Reconciliation Yes _____ *month day year*

1st Communion Yes _____ *month day year* Confirmed Yes _____ *month day year* RCIA Yes _____ *month day year*

Married/will be married in Catholic Church Yes _____ Marriage date _____ *month day year* Church name of marriage _____ City _____ State _____

Engaged _____ (*Enter marriage information above*) Engaged to _____

• Individual Adult Information (*Full legal name*)

_____ *Last* *First* *Middle* *Maiden last name*
Birth date _____ Marital status _____ Cell phone () _____ Email _____
month day year

Occupation _____ Employer _____ Work phone () _____

May we contact you at home _____ at work _____ by cell phone _____ other _____

Sacramental Information (*Enter dates, if known*) Current religion _____

Baptized Yes _____ *month day year* Faith of baptism _____ Reconciliation Yes _____ *month day year*

1st Communion Yes _____ *month day year* Confirmed Yes _____ *month day year* RCIA Yes _____ *month day year*

Married/will be married in Catholic Church Yes _____ Marriage date _____ *month day year* Church name of marriage _____ City _____ State _____

Engaged _____ (*Enter marriage information above*) Engaged to _____

• **Children's Information**

Please list all children under 18 currently living at home. If you have more than three children, please continue on a separate sheet of paper.

1 Full name _____ Birth date _____
month day year

Sacramental Information	Church	Month	Year
Baptism Yes ____	_____	_____	_____
1st Communion Yes ____	_____	_____	_____
Confirmation Yes ____	_____	_____	_____
School	_____		

2 Full name _____ Birth date _____
month day year

Sacramental Information	Church	Month	Year
Baptism Yes ____	_____	_____	_____
1st Communion Yes ____	_____	_____	_____
Confirmation Yes ____	_____	_____	_____
School	_____		

3 Full name _____ Birth date _____
month day year

Sacramental Information	Church	Month	Year
Baptism Yes ____	_____	_____	_____
1st Communion Yes ____	_____	_____	_____
Confirmation Yes ____	_____	_____	_____
School	_____		

Are you interested in having your child/children attend our religious education classes? Yes ____

Is there anyone who is homebound of whom we should be aware? Yes ____

Mail completed form to:
St. Francis Xavier **or** *Deliver completed form to the parish office* **or** *Place in the weekend collection basket*
Attn: Parish Secretary
1001 East 52nd Street
Kansas City, MO 64110

Please keep us current. If your information changes, please note on this form or contact the parish secretary at (816) 523-5115, Ext. 201.

Thank you for your time.