

FAMILY REGISTRATION

Epiphany of Our Lord Catholic Church

2510 E. Hana Ave. Tampa, FL 33610 813-234-8693

Date: _____

Would you like contribution envelopes

Yes	No
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Last Name: _____

Family Email Address: _____

First Name(s): _____

Main Phone Number: _____

Street: _____

Would you like to be added to Flocknote?

Yes	No
-----	----

Address 2: _____

If yes, be sure to provide email addresses and cell #s.

City: _____

State: _____ Zip: _____

Couple/Head of Household Information

Marital Status _____ Date Married _____

HUSBAND/HEAD

WIFE

Name: _____

Name: _____

D.O.B. _____

D.O.B. _____

Sacraments:

Sacraments:

Baptized:	Yes	No
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Baptized:	Yes	No
-----------	-----	----

1st Eucharist:	Yes	No
----------------	-----	----

1st Eucharist:	Yes	No
----------------	-----	----

Confirmed:	Yes	No
------------	-----	----

Confirmed:	Yes	No
------------	-----	----

Cell #: _____

Cell #: _____

Email: _____

Email: _____

CHILDREN

Name: _____

Name: _____

D.O.B. _____ Sex: _____

D.O.B. _____ Sex: _____

Sacraments:

Sacraments:

Baptized:	Yes	No	Date:
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Baptized:	Yes	No	Date:
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1st Eucharist:	Yes	No	Date:
----------------	-----	----	-------

1st Eucharist:	Yes	No	Date:
----------------	-----	----	-------

Confirmed:	Yes	No	Date:
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Confirmed:	Yes	No	Date:
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Name: _____

Name: _____

D.O.B. _____ Sex: _____

D.O.B. _____ Sex: _____

Sacraments:

Sacraments:

Baptized:	Yes	No	Date:
-----------	-----	----	-------

Baptized:	Yes	No	Date:
-----------	-----	----	-------

1st Eucharist:	Yes	No	Date:
----------------	-----	----	-------

1st Eucharist:	Yes	No	Date:
----------------	-----	----	-------

Confirmed:	Yes	No	Date:
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Confirmed:	Yes	No	Date:
------------	-----	----	-------

over for more

CHILDREN Cont.

Name: _____

D.O.B. _____ Sex: _____

Sacraments:

Baptized:

Yes	No
-----	----

 Date: _____

1st Eucharist:

Yes	No
-----	----

 Date: _____

Confirmed:

Yes	No
-----	----

 Date: _____

Name: _____

D.O.B. _____ Sex: _____

Sacraments:

Baptized:

Yes	No
-----	----

 Date: _____

1st Eucharist:

Yes	No
-----	----

 Date: _____

Confirmed:

Yes	No
-----	----

 Date: _____

Name: _____

D.O.B. _____ Sex: _____

Sacraments:

Baptized:

Yes	No
-----	----

 Date: _____

1st Eucharist:

Yes	No
-----	----

 Date: _____

Confirmed:

Yes	No
-----	----

 Date: _____

Name: _____

D.O.B. _____ Sex: _____

Sacraments:

Baptized:

Yes	No
-----	----

 Date: _____

1st Eucharist:

Yes	No
-----	----

 Date: _____

Confirmed:

Yes	No
-----	----

 Date: _____