

**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: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Couple/Head of Household Information**

Marital Status \_\_\_\_\_ Date Married \_\_\_\_\_

**HUSBAND/HEAD**

**WIFE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Maiden: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Sacraments:

Sacraments:

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