



Roman Catholic Diocese of Hamilton in Bermuda

Parish Church of Registration: _____

HOUSEHOLD MEMBER 1

Surname:	
First and Middle:	
Maiden:	DOB: MM/DD/YY
Nationality:	
Marital Status:	Date of Marriage: MM/DD/YY
Place of Marriage:	
Sacraments received YES or NO	
Baptism: _____ Communion: _____ Confirmation: _____	
Home Address:	
Parish: Postal Code:	
Primary Number:	Work: Email:

HOUSEHOLD MEMBER 2

Surname:	
First and Middle:	
Maiden:	DOB: MM /DD/YY
Nationality:	
Marital Status:	Date of Marriage: MM/DD/YY
Place of Marriage:	
Sacraments received YES or NO	
Baptism: _____ Communion: _____ Confirmation: _____	
Mailing Address (P.O. Box):	
Parish: Postal Code:	
Primary Number:	Work: Email:

CHILDREN IN HOUSEHOLD UNDER 18 (18 yrs and older please complete a separate form)

Name: Last – First – Middle	DOB: MM/DD/YY	Baptism: _____ Communion: _____ Confirmation: _____
Name: Last – First – Middle	DOB: MM/DD/YY	Baptism: _____ Communion: _____ Confirmation: _____
Name: Last – First – Middle	DOB: MM/DD/YY	Baptism: _____ Communion: _____ Confirmation: _____
Name: Last – First – Middle	DOB: MM/DD/YY	Baptism: _____ Communion: _____ Confirmation: _____