

St. Michael Parish Registration

8883 Forest View Road Kewaskum, WI 53040 • 262-334-5270 • stmickew@kmoraine.com

Welcome!

Family Name	Address	City	Zip	Home Phone Number	Date		
Adult Male – Full Name	Birth Date	Religion	Place of Baptism	Communion Yes or No	Confirmation Yes or No	Cell Phone Number	Employer / Occupation
Adult Female – Full Name	Birth Date	Religion	Place of Baptism	Communion Yes/Date or No	Confirmation Yes/Date or No	Cell Phone Number	Employer / Occupation
Maiden Name	Male * Marital Status	Female* Marital Status	Marriage Date	Church		City	State
*MARITAL STATUS: M – Married S – Single W – Widowed D – Divorced SP – Single Parent							
Children’s Names	Birth Date	Religion	Place of Baptism/ Date	Communion Yes or No	Confirmation Yes or No	Grade	School
1.							
2.							
3.							
4.							
5.							
6.							

Family Email Address: _____

Reason for

Joining: _____ **Previous Parish:** _____

We Share Online Giving (email address required) Yes No (click a box)

OFFICE USE ONLY: Servant Keeper () Archdiocese () Envelopes () Cleaning () Email ()