



Church of St. Brendan

8725 S.W. 32nd Street • Miami, Florida 33165 • Phone: (305) 221-0881 • Fax: (305) 226-6249

Parish Family Registration Please Print Clearly

Family # _____ Home Phone _____

Date # _____ Cell _____

Last Name _____

Address _____

City, Zip _____ Internet Address _____

Head of Household Information:

Spouse Information:

_____ Full Name _____

_____ Preferred first Name _____

_____ Religion _____

_____ Occupation _____

_____ Employer _____

_____ Work Phone _____

Marital Status _____ Date of Marriage _____

If divorced, has marriage been annulled (circle) No Yes If YES, Date _____

What language do you prefer for Church correspondence to your home? _____

Family Religious and Sacramental Information

Please PRINT your child/ren's name in the space provided. Please complete data and check mark sacramental status.

	Gender	Language spoken	Religion	Birth Date	Baptism	CCD	School	Holy Communion	Confirmation
Head of Household									
Spouse									
Children									

Any special interest in any Ministry you might be interested in? Please specify.

Anyone other than the parents and children living in the same household? Please specify.