

Family Last Name _____ First _____ Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 E-mail _____ Cell _____

Please Circle one: Married Single Widow/Widower Separated Divorced

If Married: Date _____ Church _____ Address _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Would you like to received Envelopes: (Y) (N)

Family First Names	Date of Birth	Religion	Baptized?	1st Comm?	Confirm ?	Occupation
Husband:						
Spouse (Maiden Name)						

List all children who are living at home, in college or military

Children's Names First, Middle, Last (if different)	Date of Birth	Religion	Baptized?	1st Comm?	Confirm ?	Present Grade School/ PREP
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Our Lady of the Most Holy Rosary/St. Frances Cabrini Parish Register

603 N. Hebert Ave. Kaplan, La 70548 Phone# 337-643-3472 Fax# 337-643-2516