

CHILDREN FOR FAMILY REGISTRATION

Filing Name _____
 EnvNo/ID _____

CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Type: Circle One: Child Young Adult		Gender: M F Birth date / /
	Grade		School
	Ethnicity		Religion
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	

CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Circle One: Child Young Adult		Gender: M F Birth date / /
	Grade		School
	Ethnicity		Religion
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	

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	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Grade		Gender: M F Birth date / /
	School		Grade
	Ethnicity		Religion
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	Type: Circle One: Child Young Adult		Gender: M F Birth date / /
	Grade		School
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	Circle One: Child Young Adult		Gender: M F Birth date / /
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