

For Office Use Only
Date Received: _____
Envelope # _____

Church of St. Dominic Northfield MN

Church: 104 Linden St. N
Phone: 507-645-8816

Parish Office: 216 Spring St. N
www.churchofstdominic.org

Family Name _____ **Home Phone** _____
If no home phone, please * primary cell

Address: _____ **City:** _____ **ZIP:** _____

Family Email: _____

NOTE: Your names, primary phone number, and address will be published in the annual parish guidebook. Please mark here if you would like to opt out _____. You may change your decision by June of any year. Please watch the bulletin for the annual reminder.

Head of Household

Name: _____ Maiden Name (if applicable) _____

DOB: _____ **Cell #** _____
Please note if primary number

Email address: _____

Religion: ___ Catholic ___ Other: _____ ___ Baptized ___ First Communion ___ Confirmed

Baptism Date: _____ **Church:** _____ **City, State:** _____

Confirmation Church: _____ **City, State:** _____

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Married by (check one) _____ Catholic Priest/Deacon _____ Protestant Minister _____ Civil Official

Marriage Date: _____ **Church:** _____ **City, State:** _____

Occupation/Employer: _____

Spouse (if any - include Maiden name, if applicable)

Name: _____ Maiden Name (if applicable) _____

DOB: _____ **Cell #** _____
Please note if primary number

Email address: _____

Religion: ___ Catholic ___ Other: _____ ___ Baptized ___ First Communion ___ Confirmed

Baptism Date: _____ **Church:** _____ **City, State:** _____

Confirmation Church: _____ **City, State:** _____

Occupation/Employer: _____

Over for children

Child (children over age 18 must complete a separate registration)

Name: _____ DOB: _____ M or F

Baptized? Y N Church Name: _____

Date of Baptism: _____ City & State: _____

Confirmed? Y N Church Name : _____ City, State: _____

Child

Name: _____ DOB: _____ M or F

Baptized? Y N Church Name: _____

Date of Baptism: _____ City & State: _____

Confirmed? Y N Church Name : _____ City, State: _____

Child

Name: _____ DOB: _____ M or F

Baptized? Y N Church Name: _____

Date of Baptism: _____ City & State: _____

Confirmed? Y N Church Name : _____ City, State: _____

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Date of Baptism: _____ City & State: _____

Confirmed? Y N Church Name : _____ City, State: _____

Child

Name: _____ DOB: _____ M or F

Baptized? Y N Church Name: _____

Date of Baptism: _____ City & State: _____

Confirmed? Y N Church Name : _____ City, State: _____