

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:** _____

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:** _____

Child

Name: _____ **DOB:** _____ **M or F**

Baptized? Y N **Church Name:** _____

Date of Baptism: _____ **City & State:** _____

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