

Application taken by: _____
 Date: _____ Time: _____

**St. Timothy Catholic Church
 Registration Form
 5400 S.W. 102 Avenue Miami, Florida 33165
 (ESPAÑOL AL DORSO)**

Envelope/ Parish Number: _____

PLEASE FILL OUT APPLICATION NEATLY AND AS COMPLETE AS POSSIBLE

Family Last Name:	Home Phone:	Date:
Address:	Apt # / Unit #:	City:
Language Spoken at Home:	Marital Status: S M D W O	E-Mail:
Married at Catholic Church: Yes ___ No ___	Wife's Maiden Name:	Date of Marriage:

	Head of Household	Spouse	Child or Adult	Child or Adult	Child or Adult	Child or Adult
Name						
Male/Female						
Occupation						
Work Number						
Date of Birth						
Place of Birth						
Religion						
Baptized?	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:
First Communion?	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:
Confirmation?	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:	Yes / No Date:
Grade Level						
Name of School						

For Office Use Only:
 CCD: ___ Baptism ___ Marriage ___ Sponsor ___ Regular ___

For Office Use Only:
 Inputted Into the Computer by: _____ Date: _____