



Church of St. Brendan

8725 S.W. 32nd Street • Miami, Florida 33165 • Phone: (305) 221-0881 • Fax: (305) 226-6249

Parish Family Registration Please Print Clearly

Please Check One School Parish CCD

Last Name _____ Home Phone _____ Date _____

Address _____ City, State Zip _____

Head of Household Information:

Full Name _____

Cell Phone _____ Email _____

Religion _____ Occupation _____

Employer _____ Work Phone _____

Spouse Information:

Full Name _____ Maiden Name _____

Cell Phone _____ Email _____

Religion _____ Occupation _____

Employer _____ Work Phone _____

Marital Status _____ Date of Marriage _____

Civil Church _____
Name Address

What language do you prefer for Church correspondence to your home?

For Office Use Only

Family # _____

Processed By: _____ Date: _____

Family Religious and Sacramental Information

Please complete data and check mark sacramental status.

	Gender	Language Spoken	Religion	Birth Date	Baptism	Holy Communion	Confirmation
Head of Household							
Spouse							

Please PRINT your child/ren's information in the space provided.

Name	Gender	Language Spoken	Religion	Birth Date	Baptism	Holy Communion	Confirmation

Are you interested in participating in any of the Ministries listed below? Please check.

- Usher (English Mass)
 Usher (Spanish Mass)
 Lector (English Mass)
 Lector (Spanish Mass)
 Eucharistic Minister (English)
 Eucharistic Minister (Spanish)

Anyone other than the parents and children living in the same household? Please specify.
