Additional Family Members/Children Information

	Relationship to Head of Household (Son, Daughter, Mother, etc.)	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
4.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
5.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
6.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
7.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
8.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
9.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
10.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
11.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
12.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /
10.							
	Special Needs (Allergies, Handicaps, etc.) _____						
	Check if Sacrament Received.	Baptism ❑	Catholic? ❑	1st Communion ❑	Reconciliation ❑		Confirmation ❑
	Add Date if known.	/ /		/ /	/ /		/ /