

Saint Joseph - Saint Lawrence Parish, Easton, Kansas 66020

Office Ref No. _____ Family Name: _____ Date Completed: _____

Address - Street: _____ City: _____ Zip: _____

Head of Household				
Last Name: _____	First: _____	Middle: _____	Suffix: _____	
Home Phone: _____	2d Phone: _____	email: _____	Birthday: _____	
Sacraments	Date	Parish	Location	
Baptism: _____	_____	_____	_____	
Confirmation: _____	_____	_____	_____	
Marriage: _____	_____	_____	_____	
Other: _____	_____	_____	_____	
Note: For Sacraments an approximate date is OK. Parish name is most important and at least a city and state for Location.				

Spouse				
Last Name (if different): _____	First: _____	Middle: _____	Suffix: _____	
Home Phone: _____	2d Phone: _____	email: _____	Birthday: _____	
Sacraments	Date	Parish	Location	
Baptism: _____	_____	_____	_____	
Confirmation: _____	_____	_____	_____	
Marriage: _____	_____	_____	_____	
Other: _____	_____	_____	_____	

First Child					
		Gender: _____			
Last Name (if different): _____	First: _____	Middle: _____	Suffix: _____		
		Birthday: _____			
Sacraments	Date	Parish	Location		
Baptism: _____	_____	_____	_____		
1st Communion: _____	_____	_____	_____		
Penance: _____	_____	_____	_____		
Confirmation: _____	_____	_____	_____		
Other: _____	_____	_____	_____		

Second Child					
		Gender: _____			
Last Name (if different): _____	First: _____	Middle: _____	Suffix: _____		
		Birthday: _____			
Sacraments	Date	Parish	Location		
Baptism: _____	_____	_____	_____		
1st Communion: _____	_____	_____	_____		
Penance: _____	_____	_____	_____		
Confirmation: _____	_____	_____	_____		
Other: _____	_____	_____	_____		

Your information is handled in strictest confidence. Information is used to manage parish operations and maintain official records. Please keep your family information updated so that in case of emergency we have your contact information.