

Office Use Only Family Card #: _____



FAMILY REGISTRATION

Family Last Name: _____ Date of Registration: _____
Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: _____ Subdivision: _____

Our Mission
*Annunciation hearts are burning
to know, love, and serve God
by loving and serving others.*

You will receive monthly offertory envelopes 8-10 weeks after your registration is received. You can also register to make secure, online contributions at annunciationorlando.org/giving. Online contributions can be made for both Regular Offertory & Special Contributions. Thank you.

HEAD OF HOUSEHOLD

First Name: _____ Nickname: _____
Last (if different &/or Maiden): _____
Cell Phone: _____ Text OK? Y N Cell Carrier: _____
Email Address: _____
Gender: M F Date of Birth: Month _____ Day _____ Year _____
Ethnicity: _____ Religion: _____
Language(s): _____
Marital Status: Single Engaged Married (by a Priest? Y N)
Widow/er: Separated: Divorced: (Annulled?: Y N)
Occupation: _____ Employer: _____
Work Phone: _____ Email: _____
Sacraments: (please check Y or N):
Baptism: Y N First Communion: Y N Confirmation: Y N
Special Talents/Gifts: _____

SPOUSE

First Name: _____ Nickname: _____
Last (if different &/or Maiden): _____
Cell Phone: _____ Text OK? Y N Cell Carrier: _____
Email Address: _____
Gender: M F Date of Birth: Month _____ Day _____ Year _____
Ethnicity: _____ Religion: _____
Language(s): _____
Marital Status: Single Engaged Married (by a Priest? Y N)
Widow/er: Separated: Divorced: (Annulled?: Y N)
Occupation: _____ Employer: _____
Work Phone: _____ Email: _____
Sacraments: (please check Y or N):
Baptism: Y N First Communion: Y N Confirmation: Y N
Special Talents/Gifts: _____

CHILDREN (LIVING AT HOME)

Full Name (First, Middle, Last): _____ Nickname: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Mother's Full Maiden Name: _____ Father's Name: _____

School _____ Grade _____

Sacraments Rcvd.	Baptism ___Y ___N	First Reconciliation ___Y ___N	First Communion ___Y ___N	Confirmation ___Y ___N
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Full Name (First, Middle, Last): _____ Nickname: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Mother's Full Maiden Name: _____ Father's Name: _____

School _____ Grade _____

Sacraments Rcvd.	Baptism ___Y ___N	First Reconciliation ___Y ___N	First Communion ___Y ___N	Confirmation ___Y ___N
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Full Name (First, Middle, Last): _____ Nickname: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Mother's Full Maiden Name: _____ Father's Name: _____

School _____ Grade _____

Sacraments Rcvd.	Baptism ___Y ___N	First Reconciliation ___Y ___N	First Communion ___Y ___N	Confirmation ___Y ___N
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Full Name (First, Middle, Last): _____ Nickname: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Mother's Full Maiden Name: _____ Father's Name: _____

School _____ Grade _____

Sacraments Rcvd.	Baptism ___Y ___N	First Reconciliation ___Y ___N	First Communion ___Y ___N	Confirmation ___Y ___N
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Full Name (First, Middle, Last): _____ Nickname: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Mother's Full Maiden Name: _____ Father's Name: _____

School _____ Grade _____

Sacraments Rcvd.	Baptism ___Y ___N	First Reconciliation ___Y ___N	First Communion ___Y ___N	Confirmation ___Y ___N
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