



St. Ronald Catholic Church

17701 Fifteen Mile Road
Clinton Township, MI 48035-2401
586-792-1190 fax 586-792-0765

Family Information

Title, First & Last Name(s)			
Mailing Address			
Address Line 2			
City, State ZIP			
Home Phone			
Primary Email			
If requested, may we give your contact information to other parishioners?	YES	NO	
Would you prefer for us to send letters by Email when possible?	YES	NO	

Alternate Mailing Address

If you happen to live somewhere else in the winter or summer, please fill out the following so that we may accommodate you.

Address			
Address Line 2			
City, State ZIP			
Home Phone			
Dates to use this address			
	Would you like to receive your contribution envelopes at this address?	Y	N

Never Married		Widowed		Separated		Divorced		Annulled	
Nature of Household (please check one)									
	Single								
	Single parent with minor children								
	Married								
	Married with minor children								
	Two or more unrelated adults								

Office Use Only

Date Received: _____	Date Entered into P.S. _____ Cathedral _____
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Male Head of Household	
First Name	
Middle Name	
Nickname	
Last Name	
Date of Birth	
Years of Education	
Occupation	
Where employed	
Work Number	
Work /Other Email	
Other Number Cell, pager, etc.	

Female Head of Household	
First Name	
Middle Name	
Nickname	
Last Name	
Date of Birth	
Years of Education	
Occupation	
Where employed	
Work Number	
Work /Other Email	
Other Number Cell, pager, etc.	

SACRAMENTS

Which faith do you practice? (i.e. Catholic, Baptist, Christian, etc?)		
Baptism	Yes	No
Place of Baptism Church Name, City, State		
First Communion	Yes	No
Place of First Communion Church Name, City, State		
Confirmation	Yes	No
Place of Confirmation Church Name, City, State		

Which faith do you practice? (i.e. Catholic, Baptist, Christian, etc?)		
Baptism	Yes	No
Place of Baptism Church Name, City, State		
First Communion	Yes	No
Place of First Communion Church Name, City, State		
Confirmation	Yes	No
Place of Confirmation Church Name, City, State		

MARITAL INFORMATION

Date of Marriage	
Catholic Marriage	
Civil Marriage	
Married in another tradition	
Church Name	
City, State Zip	

MARITAL INFORMATION

Date of Marriage	
Catholic Marriage	
Civil Marriage	
Married in another tradition	
Church Name	
City, State Zip	

DEPENDENTS

All adult children, 18 years of age or older and non-spouse adults living in the household who are not financially dependent must complete a separate form. Please list all dependent children beginning with the eldest. If you have more than three children, please attach an additional page with the information.

First Name		Middle Name		Last Name	
Nickname		Suffix		Sex	
				M	F
Date of Birth		Place of Birth Name, City, State			
Child's Email					
Baptism	Yes	No	Church Name, City, State		
1 st Communion	Yes	No	Church Name, City, State		
Confirmation	Yes	No	Church Name, City, State		
Relationship to Head of Household: Child ____ Parent ____ Grandparent ____ Other ____					

First Name		Middle Name		Last Name	
Nickname		Suffix		Sex	
				M	F
Date of Birth		Place of Birth Name, City, State			
Child's Email					
Baptism	Yes	No	Church Name, City, State		
1 st Communion	Yes	No	Church Name, City, State		
Confirmation	Yes	No	Church Name, City, State		
Relationship to Head of Household: Child ____ Parent ____ Grandparent ____ Other ____					

First Name		Middle Name		Last Name	
Nickname		Suffix		Sex	
				M	F
Date of Birth		Place of Birth Name, City, State			
Child's Email					
Baptism	Yes	No	Church Name, City, State		
1 st Communion	Yes	No	Church Name, City, State		
Confirmation	Yes	No	Church Name, City, State		
Relationship to Head of Household: Child ____ Parent ____ Grandparent ____ Other ____					