

Registration Date _____ / _____ / _____

Spirit of Life Parish

801 First St SE
Mandan, ND 58554

Family Information

Last Name _____
Family Email _____
Home Phone () - _____

Envelope Number _____
Mailing Name _____
Emergency Phone () - _____

Address Information

Address 1 _____
Address 2 _____
City _____ State _____ Zip/Postal _____

Publish Phone Publish Address Publish Email Receive Visits Receive Contributions Envelopes

Member Information

First Name _____
Role _____
Date of Birth _____
Email _____
Ethnicity _____
First Language _____
Special Needs _____

Status at Parish _____
Nick Name _____
Gender M / F
MaidenName _____
Birth Place _____
Work Phone () - _____
Cell Phone () - _____
High School Grad Year _____

Sacrament Information

Catholic
 Reconciliation Prep _____ / _____ / _____
Location _____
 Confirmation _____ / _____ / _____
Location _____

Baptism _____ / _____ / _____
Location _____
 First Eucharist _____ / _____ / _____
Location _____
 Catholic Marriage _____ / _____ / _____
Location _____

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