

# PARISHIONER INFORMATION

**INSTRUCTIONS:** Please fill in the information on this form and then complete the Time and Talent Commitment form for each member still living in the household.

*IF YOU HAVE ANY QUESTIONS ON HOW TO FILL OUT THIS FORM,  
PLEASE CALL THE PARISH OFFICE (785-735-2777).*

## — HEAD OF HOUSEHOLD'S INFORMATION —

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

House Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Mailing Address: \_\_\_\_\_  
(fill in Mailing Address only if different from House Address)

PHONES—Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  M  F Date of Birth : \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No Are you confirmed?  Yes  No

Your Parish Is:  St. Fidelis  St. Ann  St. Boniface

Marital Status:  Single  Widowed  Divorced  Married Wedding Date: \_\_\_\_\_

Your Mother's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME)

Your Father's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

## — SPOUSE'S INFORMATION —

(To help us update "Die Herzoger",  
please fill in the information below even if you are divorced or widowed)

Spouse Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME)

PHONES—Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  M  F Date of Birth : \_\_\_\_\_ Date of Death \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No Are you confirmed?  Yes  No

Spouse's Mother's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME)

Spouse's Father's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**TO GIVE A COMPLETE HISTORY OF MARRIAGES AND/OR DIVORCES FOR "DIE HERZOGER"**

*[a genealogy of current and previous*

*St. Fidelis, St. Ann, St. Boniface, Sacred Heart (Emmeram), and Holy Cross (Pfeifer) parishioners],*

**PLEASE MAKE A COPY OF THIS SHEET TO FILL IN MORE SPOUSE INFORMATION  
OR CONTACT THE PARISH OFFICE FOR MORE COPIES.**

# CHILDREN'S INFORMATION

## INSTRUCTIONS:

To help us update "Die Herzoger", please fill in the information below for each of your children even if they are not currently residing in your home.

***You can make a copy of this sheet or contact the Parish Office for copies if you need more room to list everyone.***

*IF YOU HAVE ANY QUESTIONS ON HOW TO FILL OUT THIS FORM, PLEASE CALL THE PARISH OFFICE.*

### FIRST CHILD —

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F Date of Birth : \_\_\_\_\_ Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married Wedding Date: \_\_\_\_\_  
 Divorced Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

### SECOND CHILD —

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F Date of Birth : \_\_\_\_\_ Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married Wedding Date: \_\_\_\_\_  
 Divorced Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

### THIRD CHILD —

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F Date of Birth : \_\_\_\_\_ Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married Wedding Date: \_\_\_\_\_  
 Divorced Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**FOURTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F    Date of Birth : \_\_\_\_\_    Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No    Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married    Wedding Date: \_\_\_\_\_  
 Divorced    Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**FIFTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F    Date of Birth : \_\_\_\_\_    Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No    Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married    Wedding Date: \_\_\_\_\_  
 Divorced    Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**SIXTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F    Date of Birth : \_\_\_\_\_    Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No    Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married    Wedding Date: \_\_\_\_\_  
 Divorced    Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**SEVENTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F    Date of Birth : \_\_\_\_\_    Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No    Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married    Wedding Date: \_\_\_\_\_  
 Divorced    Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**EIGHTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F      Date of Birth : \_\_\_\_\_      Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No      Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married      Wedding Date: \_\_\_\_\_  
 Divorced      Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**NINTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F      Date of Birth : \_\_\_\_\_      Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No      Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married      Wedding Date: \_\_\_\_\_  
 Divorced      Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**TENTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F      Date of Birth : \_\_\_\_\_      Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No      Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married      Wedding Date: \_\_\_\_\_  
 Divorced      Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

**ELEVENTH CHILD —**

Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

Gender:  M  F      Date of Birth : \_\_\_\_\_      Date of Death \_\_\_\_\_

Are you baptized in the Catholic Church?  Yes  No      Are you confirmed?  Yes  No

Marital Status:  Single  Widowed  Married      Wedding Date: \_\_\_\_\_  
 Divorced      Date of Divorce \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN NAME, if applicable)

# MINISTRIES YOU ARE INTERESTED IN

*Please fill in ministries below for each family member living in your household.*

**NAME:** \_\_\_\_\_

Lector	
Eucharistic Minister	
Homebound Ministry	
Fundraisers	
Choir   Cantor	
Tour Guide	
Cemetery	
Religious Ed Volunteer	
Religious Ed Board	
Finance Council	
Pastoral Council	
Family Life Committee	
Liturgy Commission	
Buildings and Grounds Commission	
OTHER (please list):	

**NAME:** \_\_\_\_\_

Lector	
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Homebound Ministry	
Fundraisers	
Choir   Cantor	
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