

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	
Eucharistic Minister	
Homebound Ministry	
Fundraisers	
Choir Cantor	
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