*Once completed please return the form to the parish office.*

**St. Mary (East Dubuque):**

Address: 170 Montgomery Avenue East Dubuque, IL 61025

Phone #: (815) 747-3221

Email: [stmary-eastdubuque@rockforddiocese.org](mailto:stmary-eastdubuque@rockforddiocese.org)

**Nativity BVM (Menominee):**

Address: 15406 W Creek Valley Rd, East Dubuque, IL 61025

Phone #: (815) 747-3670

Email: [nativitybvm-menominee@rockforddiocese.org](mailto:nativitybvm-menominee@rockforddiocese.org)

**CONTACT INFORMATION:**

Mailing Name & Address:

Phone #:

Cell Phone #:

Email:

**PARISH APPLYING TO:**

\_\_\_ St. Mary (East Dubuque)

\_\_\_ Nativity BVM (Menominee)

**MARRIAGE (If Applicable):**

\_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Married

Marriage Date:

Church of Marriage:

City:

**SELF:**

Name:

Birth Date

Religion:

Occupation & Employer:

Please check Sacraments received: \_\_\_ Baptism \_\_\_ 1st Communion \_\_\_ Confirmation

**SPOUSE (If Applicable):**

Maiden Name:

Birth date:

Religion:

Occupation & Employer:

Please check Sacraments received: \_\_\_ Baptism \_\_\_ 1st Communion \_\_\_ Confirmation

**CHILDREN still living in the home (If Applicable):**

***Add rows to the table if necessary.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Birth Date | Relgion | Gender (Highlight) | Grade | Sacraments Received (Highlight if YES) |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |
|  |  |  | Male/Female |  | Baptism  1st Communion  Confirmation |