

**Marital Status of Parents**

Please check "yes" or "no" for each of the following:

	<u>Yes</u>	<u>No</u>
We are married in the Catholic Church	<input type="checkbox"/>	<input type="checkbox"/>
We were married in another church	<input type="checkbox"/>	<input type="checkbox"/>
We are civilly married only.	<input type="checkbox"/>	<input type="checkbox"/>
We are living together but not married.	<input type="checkbox"/>	<input type="checkbox"/>
One (both) of us had a previous marriage.	<input type="checkbox"/>	<input type="checkbox"/>
I am a single parent.	<input type="checkbox"/>	<input type="checkbox"/>

**Faith Practice of Parents**

Please check all that applies for mother and father:

	<u>Mother</u>	<u>Father</u>
Participates weekly at Mass.	<input type="checkbox"/>	<input type="checkbox"/>
Attends church, but not regularly.	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church.	<input type="checkbox"/>	<input type="checkbox"/>
Does not practice any religion.	<input type="checkbox"/>	<input type="checkbox"/>
Has made first Communion.	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in getting married in the Catholic church?	<input type="checkbox"/>	<input type="checkbox"/>
Is there interest in full initiation in the Catholic faith?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in registering at St. Philips?	<input type="checkbox"/>	<input type="checkbox"/>

**Godparent Information**

Name of Godfather \_\_\_\_\_

Name of Godmother \_\_\_\_\_

Please check all that apply:

	<u>Godmother</u>	<u>Godfather</u>
Baptized Catholic or (other _____)	<input type="checkbox"/>	<input type="checkbox"/>
Participates weekly at Mass.	<input type="checkbox"/>	<input type="checkbox"/>
Attends church but not regularly.	<input type="checkbox"/>	<input type="checkbox"/>
Rarely goes to church.	<input type="checkbox"/>	<input type="checkbox"/>
Does not practice any religion.	<input type="checkbox"/>	<input type="checkbox"/>
Has made First Communion.	<input type="checkbox"/>	<input type="checkbox"/>
Has received Confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Is a practicing member of another religion.	<input type="checkbox"/>	<input type="checkbox"/>
Is married?	<input type="checkbox"/>	<input type="checkbox"/>
Is married in the Catholic Church?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Mother Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Priest's/Deacon's Signature*

\_\_\_\_\_  
*Date*