

# Additional Family Members/Children Information

Relationship to  
Head of Household  
(Son, Daughter, Mother, etc.)

First Name

Last Name

Gender

Birthdate  
& Birthplace

H.S.  
Grad Yr

School  
First Language

4.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

5.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

6.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

7.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

8.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

9.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

11.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

12.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /

10.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received. **Baptism**  **Catholic?**  **1st Communion**  **Reconciliation**  **Confirmation**   
 Add Date if known.  /  /   /  /   /  /