

# GENERAL INFORMATION FORM – ARCHDIOCESE OF OMAHA

Student: Last Name	First	Middle	Gender	School
Address		Phone	Emergency Contact	Location
City	State	ZIP Code	Birthdate	Ethnic Background
				Date of Entrance

	Natural/Adoptive Father	Natural/Adoptive Mother	Guardian/Custodian/Other	Other Children & Dates of Birth
Name				
Religion				
Place of Birth				
Occupation				
Place of Employment				
Education				
Marital Status	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply.)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply.)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply.)	
	Maiden Name		Relationship	

Custody of child:      Father, Mother and/or Guardian as Above    Yes\_\_\_\_    No\_\_\_\_

If No, Custodial Parent Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

	Baptism	Reconciliation	First Communion	Confirmation	Schools Attended/Dates/Location
Date					
Church					
City, State					Transfer: Date & School Transferred to