

Parish Registration Form

Last Name: _____ Envelope # _____ Registration Date: ____/____/____

	HEAD	Male	Female	SPOUSE	Male	Female
First & Middle Name:	/			/		
Last Name: (if different)						
Maiden Name:						
Date of Birth: mm/dd/yyyy	/ /			/ /		
Place of Birth: City/State						
Current Religion:	Active?			Active?		
Baptism & Date:	Yes	No		Yes	No	
Religion of Baptism:	/ /			/ /		
Church:						
City & State:						
Holy Communion & Date:	Yes	No		Yes	No	
	/ /			/ /		
Confirmation & Date:	Yes	No		Yes	No	
Church:	/ /			/ /		
City & State:						
Occupation:						
Employer:						
Work Phone #:	()	-		()	-	
Disability/Special Needs:						

<p>Address: _____ Apt: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: () _____ - _____ Cell: () _____ - _____</p> <p>Email Address: _____</p> <p>DO NOT PUBLISH:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Name(s)</td> <td style="width: 30%; border: none;">Home Address</td> <td style="width: 30%; border: none;"></td> </tr> <tr> <td style="border: none;">Home Phone</td> <td style="border: none;">Work Phone</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Cell Phone</td> <td style="border: none;">Email Address</td> <td style="border: none;"></td> </tr> </table>	Name(s)	Home Address		Home Phone	Work Phone		Cell Phone	Email Address		<p>STATUS: Single Divorced</p> <p> Married Widowed</p> <p> Other Church Annulment</p> <p>If Married – Date: ____/____/____</p> <p>Before a: Priest Minister Civil</p> <p>Church: _____</p> <p>City: _____ State: _____</p>
Name(s)	Home Address									
Home Phone	Work Phone									
Cell Phone	Email Address									

Previous Parish: _____	City: _____ State: _____
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Children Registration on Back Side of This Form

List ONLY those children living at home from OLDEST to YOUNGEST (Those over 18 should register as an adult)

	CHILD 1	Male	Female	CHILD 2	Male	Female
First & Middle Name:	/			/		
Last Name: (if different)						
Date of Birth: mm/dd/yyyy	/ /			/ /		
Place of Birth: City/State						
Current Religion:						
Baptism & Date:	Yes	No		Yes	No	
Religion of Baptism:	/ /			/ /		
Church:						
City & State:						
Communion & Date:	Yes	No		Yes	No	
Church:	/ /			/ /		
City & State:						
Confirmation & Date:	Yes	No		Yes	No	
Church:	/ /			/ /		
City & State:						
Disability/Special Needs:						

School and Grade _____ School and Grade _____

	CHILD 3	Male	Female	CHILD 4	Male	Female
First & Middle Name:	/			/		
Last Name: (if different)						
Date of Birth: mm/dd/yyyy	/ /			/ /		
Place of Birth: City/State						
Current Religion:						
Baptism & Date:	Yes	No		Yes	No	
Religion of Baptism:	/ /			/ /		
Church:						
City & State:						
Communion & Date:	Yes	No		Yes	No	
Church:	/ /			/ /		
City & State:						
Confirmation & Date:	Yes	No		Yes	No	
Church:	/ /			/ /		
City & State:						
Disability/Special Needs:						

School and Grade _____ School and Grade _____