

OFFICE USE ONLY
FIRST, CHECK IF
FAMILY HAS BEEN
ALREADY REGISTERED
 Revised October 2024



FOR OFFICE USE ONLY
 ENV. #: _____
 DATE: _____
 INITIAL: _____

PARISH REGISTRATION FORM

New Parishioner **Update Information** **Sacraments Only**

Head of Household (Husband) First & Last Name: _____ DOB: _____ Today's Date: _____

First Language: _____ Ethnicity _____

Occupation: _____ Cell #: _____ Home Phone: _____

Sacramental History: Have you received: Baptism? _____ First Communion? _____ Confirmation? _____

Spouse First & Last Name: _____ Maiden Name: _____ DOB: _____

Primary Language: _____ Ethnicity _____

Occupation: _____ Cell #: _____ Email: _____

Sacramental History: Have you received: Baptism? _____ First Communion? _____ Confirmation? _____

Home Address: _____ Spc # _____ Apt # _____ City _____ Zip Code _____

Mailing Address: _____ Spc # _____ Apt # _____ City _____ Zip Code _____

MARITAL STATUS (Check one): Catholic Marriage Civil Marriage Single Widowed Separated Divorced Domestic Partners

If Marriage by church: _____

Wedding Church _____ City & State _____ Date of Marriage _____

Stewardship: Would you like to receive contribution envelopes? (Check one) YES _____ NO _____

COMPLETE THE FOLLOWING FOR DEPENDENTS UNDER 21 YEARS OLD LIVING IN YOUR HOME. (Family members over 21 years should register separately.)

Complete Name	Sex M / F	Date of Birth	Baptized? YES / NO	First Communion? YES / NO	Confirmed? YES / NO	Ethnicity	Primary Language

TIME AND TALENT

PLEASE INDICATE THE MINISTRY IN WHICH YOU OR YOUR FAMILY MEMBERS WOULD LIKE TO BECOME INVOLVED WITH OR WOULD LIKE MORE INFORMATION.

(PLEASE CHECK OUR PARISH BULLETIN FOR A COMPLETE LIST OF ALL OUR MINISTRIES AND ORGANIZATIONS)

- COMMITTEES WORSHIP FORMATION LIFE, DIGNITY AND JUSTICE YOUTH AND YOUNG ADULT
 ORGANIZATIONS AND PRAYERS GROUPS PARISH CARE AND COMMUNITY LIFE

