

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

Revised August 2017



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

Parish Registration Form

Head of Household (Husband) First & Last Name _____ DOB: _____
 Primary 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: _____ City _____ Zip Code _____
 Mailing Address: _____ 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? (Circle 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 | Date of Birth | Baptized? YES / NO | First Communion? YES / NO | Confirmed? YES / NO | Ethnicity | Primary Language |
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TIME AND TALENT

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