

NEW PARISHIONER REGISTRATION

Complete and turn in to the Parish Office

PLEASE
PRINT

Date: ____/____/____

How should we address your
envelopes? (CIRCLE ONE):

MR MRS MS MR/MRS DR
DR/DR DR/MRS MR/DR

HEAD OF HOUSEHOLD

Name: _____
First M.I. Last

Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____ E-mail: _____

Date of Birth: ____/____/____ Previous Parish (and City): _____

Employer: _____ Position: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

If married: Date: ____/____/____ By a priest? _____

Religion: _____ Not Catholic? Are you Interested in learning about the Catholic faith? _____

In what year did you receive the following sacraments? Baptism _____ First Communion _____ Confirmation _____

SPOUSE

Name: _____
First M.I. Last

Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____ E-mail: _____

Date of Birth: ____/____/____ Previous Parish (and City): _____

Employer: _____ Position: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

If married: Date: ____/____/____ By a priest? _____

Religion: _____ Not Catholic? Are you Interested in learning about the Catholic faith? _____

In what year did you receive the following sacraments? Baptism _____ First Communion _____ Confirmation _____

CHILDREN (fill out for each child living at home)

Please include baptismal certificates for all children who have not yet received First Communion and Confirmation.

Name:	_____	_____	_____
Sex:	_____	_____	_____
DOB:	_____	_____	_____
Baptism:	_____	_____	_____
First Communion:	_____	_____	_____
Confirmation:	_____	_____	_____
School:	_____	_____	_____
Grade:	_____	_____	_____