

# 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

## PERSON FILLING OUT FORM

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Parish (and City): \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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 \_\_\_\_\_

Do you have any special needs that you would like us to be aware of in order to better accommodate you? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

## 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:	_____	_____	_____