

Parish Registration

	Head of Household	Spouse
Title (Circle one)	Mr. Mrs. Miss Ms. Dr. Other ____	Mr. Mrs. Miss Ms. Dr. Other ____
Name (First – Middle - Last) LADIES–PLEASE PROVIDE MAIDEN NAME		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		
Preferred Name or Nickname		
Address City, State / Zip check if unlisted <input type="checkbox"/>		
Home Phone	() - check if unlisted <input type="checkbox"/>	
Cell Phone	() -	() -
Work Phone	() -	() -
E-Mail Address		
Phone Number to publish in Parish Family Directory		
Marital Status	Catholic Marriage Single	Civil Marriage Widowed
		Marriage – Other Denomination Separated Divorced
Anniversary Date		
Occupation		
Employer		
Religious Affiliation		
Baptism	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date ___/___/___

Please indicate if you would like to use

Electronic Giving (Faith Direct) _____ or receive envelopes _____

(CHILDREN INFORMATION ON REVERSE)

Office Use Only – Date Entered; OSV & Envelope #; Religious Affiliation; Catholic or Mixed Home

Children Living At Home

Name (first, middle, last)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	__/__/__	

Religious Affiliation	
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__ _____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__

Name (first, middle, last)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	__/__/__	

Religious Affiliation	
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__ _____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__

Name (first, middle, last)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	__/__/__	

Religious Affiliation	
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__ _____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__

Name (first, middle, last)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	__/__/__	

Religious Affiliation	
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__ _____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/> Date __/__/__