

REGISTRATION FORM:

LAST NAME _____ ADDRESS _____
TITLE/ Mr./Mrs, Mr., Mrs., Ms., Miss, Dr, Dr./Mrs.
PHONE # _____ E-Mail Address _____

MARITAL STATUS: Married Single Widowed Separated Divorced
Catholic Marriage Judge or Minister Date _____
Where _____

HIS NAME _____ Date of Birth _____ Religion _____
Sacraments: Baptism _____ Reconciliation _____ Communion _____ Confirmation _____
Church of Sacraments: _____

HER NAME _____ Date of Birth _____ Religion _____
MAIDEN NAME _____
Sacraments: Baptism _____ Reconciliation _____ Communion _____ Confirmation _____
Church of Sacraments: _____

CHILDREN: (UNDER THE AGE OF 18)

Children over the age of 18 living within the parish, Must complete a separate reg. form.

NAME _____ Date of Birth _____ Religion _____
Baptism _____ Reconciliation _____ Communion _____ Confirmation _____ School _____
Church of Sacraments _____

NAME _____ Date of Birth _____ Religion _____
Baptism _____ Reconciliatin _____ Communion _____ Confirmation _____ School _____
Church of Sacraments

NAME _____ Date of Birth _____ Religion _____
Baptism _____ Reconciliation _____ Communion _____ Confirmation _____ School _____
Church of Sacraments

NAME _____ Date of Birth _____ Religion _____
Baptism _____ Reconciliation _____ Communion _____ Confirmation _____ School _____
Church of Sacraments

NAME OF LAST CHURCH YOU WERE REGISTERED AT:

Church Name _____
Address/City & State _____

OFFICE USE ONLY:

Registration Date _____
Parish Envelope # _____