

Parish Registration

Date of Registration: _____ Last Name _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell _____ E-Mail _____

Preferred title: circle one: Mr. Mrs. Ms. Mr. & Mrs. Other _____

First Name _____ First Name _____

Date of Birth _____ Maiden Name _____
Date of Birth _____

Religion _____ Religion _____

Yes No	BAPTISED	Yes No
Yes No	CONFIRMED	Yes No
Yes No	FIRST COMMUNION	Yes No

MARITAL STATUS

Place of Marriage _____ City _____

Other _____

PROFESSION OR OCCUPATION

CHILDREN AT HOME

Name	Birth date	Baptized	Communion	Confirmation	Grade	School
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER ADULTS AT SAME ADDRESS

Name	Birth date	Relationship
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_____	_____	_____
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In case of emergency please contact: _____ Phone _____

Office Use: Date of new registration _____ Envelope # _____