

PARISH REGISTRATION FORM

Family Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Cell Number: _____

Languages Known: _____

Name	Birthdate Mo/Day/Yr.	Religion	Baptism Y/N	First Communion Y/N	Confirmation Y/N	Occupation	Talents	Hobbies	Ministries
Single Adult:									
Husband:									
Wife (first name, Maiden name)									
Children:									
Others living with you-how related									

If Married: (Name of church with date) _____

Or Place of Marriage: _____

E-Mail Address:

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-Mail: _____

List if you are or have Military service: _____

Interested in other Religious interests check off which:

Bible Study Knights of Columbus Catholic Council of Women RCIA Religious Education

Adult Choir Children's Choir

If something is not listed and you have an interest please tell us: _____

If you need to list any other talents, ministries, or hobbies please use back of sheet or another page.