

Last \_\_\_\_\_  
First \_\_\_\_\_

# PARISH REGISTRATION FORM

Title      Mr. \_\_\_\_\_      Mrs. \_\_\_\_\_      Ms. \_\_\_\_\_      Dr. \_\_\_\_\_      Miss \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

|        |            |
|--------|------------|
| E-mail | Work Phone |
|--------|------------|

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status:

Single\_\_\_\_\_ Separated\_\_\_\_\_

Widowed      Divorced

\_\_\_\_\_

Married in Catholic Church      Married in Civil\_\_\_\_\_

Title            Mr.            Mrs.            Ms.            Dr.            Miss

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

|              |                  |
|--------------|------------------|
| E-mail _____ | Work Phone _____ |
|--------------|------------------|

Date of Birth\_\_\_\_\_ Occupation\_\_\_\_\_

Catholic Sacraments Received:

Baptism            Yes\_\_\_      No\_\_\_  
1<sup>st</sup> Communion    Yes\_\_\_      No\_\_\_  
Confirmation      Yes\_\_\_      No\_\_\_  
Matrimony        Yes\_\_\_      No\_\_\_

Marital Status:

Single\_\_\_\_\_      Separated\_\_\_\_\_  
Widowed\_\_\_\_\_      Divorced\_\_\_\_\_  
Married in  
Catholic              Married in  
Church\_\_\_\_\_      Civil\_\_\_\_\_

**III. Dependent Children and/or Residents in Household**

1. Male\_\_\_      Female\_\_\_      Relationship to Head of House (please check):  
Son\_\_\_      Daughter\_\_\_      Grandchild\_\_\_      Parent\_\_\_

Name\_\_\_\_\_

(Last)                                      (First)                                      (Middle)

Home Phone\_\_\_\_\_      Cell Phone\_\_\_\_\_

E-mail\_\_\_\_\_      Work Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_      Occupation\_\_\_\_\_

Catholic Sacraments Received:

Baptism            Yes\_\_\_      No\_\_\_  
1<sup>st</sup> Communion    Yes\_\_\_      No\_\_\_  
Confirmation      Yes\_\_\_      No\_\_\_  
Matrimony        Yes\_\_\_      No\_\_\_

Marital Status:

Single\_\_\_\_\_      Separated\_\_\_\_\_  
Widowed\_\_\_\_\_      Divorced\_\_\_\_\_  
Married in  
Catholic              Married in  
Church\_\_\_\_\_      Civil\_\_\_\_\_

2. Male\_\_\_      Female\_\_\_      Relationship to Head of House (please check):  
Son\_\_\_      Daughter\_\_\_      Grandchild\_\_\_      Parent\_\_\_

Name\_\_\_\_\_

(Last)                                      (First)                                      (Middle)

Home Phone\_\_\_\_\_      Cell Phone\_\_\_\_\_

E-mail\_\_\_\_\_      Work Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_

Occupation\_\_\_\_\_

Catholic Sacraments Received:

Marital Status:

Baptism Yes\_\_\_ No\_\_\_

Single\_\_\_\_\_ Separated\_\_\_\_\_

1<sup>st</sup> Communion Yes\_\_\_ No\_\_\_

Widowed\_\_\_\_\_ Divorced\_\_\_\_\_

Confirmation Yes\_\_\_ No\_\_\_

Matrimony Yes\_\_\_ No\_\_\_

Married in  
Catholic

Married in  
Civil\_\_\_\_\_

Church\_\_\_\_\_

3. Male\_\_\_ Female\_\_\_ Relationship to Head of House (please check):  
Son\_\_\_ Daughter\_\_\_ Grandchild\_\_\_ Parent\_\_\_

Name\_\_\_\_\_  
(Last) (First) (Middle)

Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Work Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_

Occupation\_\_\_\_\_

Catholic Sacraments Received:

Marital Status:

Baptism Yes\_\_\_ No\_\_\_

Single\_\_\_\_\_ Separated\_\_\_\_\_

1<sup>st</sup> Communion Yes\_\_\_ No\_\_\_

Widowed\_\_\_\_\_ Divorced\_\_\_\_\_

Confirmation Yes\_\_\_ No\_\_\_

Matrimony Yes\_\_\_ No\_\_\_

Married in  
Catholic

Married in  
Civil\_\_\_\_\_

Church\_\_\_\_\_