



REGISTRATION FORM

Please Write Clearly

Today's Date _____

_____/_____/_____ / _____ / _____
LAST NAME **FIRST NAME** **SPOUSE NAME**

**Please add yourself and your spouse below*

STREET ADDRESS **CITY** **ZIP CODE** **Phone:** CELL HOME **Phone:** CELL HOME

EMAIL: _____

Civil status: Married in Catholic Church Married by Civil Court Living Together Single Divorced/Widowed

List ALL IMMEDIATE family members, including yourselves: **Check (✓) Those Sacraments Received:**

Family Member Name (Last, First, Middle)	(M)ale (F)emale	Relation to You	OCCUPATION	Date of Birth	Ethnic Origin	Baptism	1 st Reconciliation (Confession)	1 st Communion	Confirmation

***Ethnic Origin: (C)Caucasian; (H)Hispanic; (A)Asian; (NA)Native American; (AA)African American; (O)Other _____ (please specify)*

For Official Use ONLY: Parish ID: _____ Date Entered: _____ Entered by: _____ Welcome Letter Sent: _____

Comments: _____