

Parish Registration Form

Date: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Family Name (Last Name): _____

Address: _____ City: _____ Zip: _____

Husband's Name: _____ Birth Date: _____ Catholic (Y/N) __ Other (Y/N) __

Wife's First Name: _____ Birth Date: _____ Catholic (Y/N) __ Other (Y/N) __

Marital Status: Single ____ Married ____ Widow/Widower ____ Sep ____ Div ____

Children (Living at Home)
Indicate (X) Sacraments Completed

Name	Catholic	Birth Date	Baptized	Communion	Pen.	Confirmation
1. _____						
2. _____						
3. _____						
4. _____						

Others living with you: Name: _____ Age: _____
Relationship: _____

Husband's Occupation: _____ Where Employed: _____

If husband is retired, what line of work was he in? _____

Wife's Occupation: _____ Where Employed: _____

If wife is retired, what line of work was she in? _____

Previous Parish: _____ City: _____ State: _____

Name of Church Where Married: _____

Are you presently in any Church Organization? _____

If yes, what organization? _____ If no, would you like to be? _____

Do you have any special talents or skills that you could share with the parish family? _____

If so, please list them: _____