

Registration Form

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|-----------------------------|
| Date: _____ / _____ / _____ |
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|--|--|--|--|---|--|
| Last Name: | | Home Phone Number: | | Language at home: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | |
| Address: | | City and State: | | ZIP Code: | |
| Your home is: Owned <input type="checkbox"/> Rented <input type="checkbox"/> | | How long have you been attending this parish? 1-3Months <input type="checkbox"/> 4-6Months <input type="checkbox"/> 7-12Months <input type="checkbox"/> 1-3 Years <input type="checkbox"/> > 3 Years <input type="checkbox"/> Other: _____ | | How often do you and your family attend Mass? Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Almost Never <input type="checkbox"/> Other: _____ | |

--- MEMBERS OF THE HOUSEHOLD STARTING WITH THE FATHER OR MOTHER AND THEN THE CHILDREN---

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|---|--|---|--------|---|--|
| 1. Name of the head of the household: Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____ Name: _____ | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | | 2. Name: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____ | |
| Civil State: Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> | | Religion: | | Relationship: Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | |
| Occupation: | | Race: | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Civil State: Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> | | Religion: | | Civil State: Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> | |
| Occupation: | | Race: | | Religion: | |
| Email: | | | Email: | | |
| Cell Phone Number: | | Work Phone Number: | | Cell Phone Number: | |
| Work Phone Number: | | Cell Phone Number: | | Work Phone Number: | |
| Sacraments Received: Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | | Sacraments Received: Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | |
| Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | | Birth Date: | |

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|---|--|---|--|
| 3. Name: | | 4. Name: | |
| Relationship: Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Civil State: Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> | | Religion: | |
| Occupation: | | Race: | |
| Sacraments Received: Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | |
| Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | |

| | | | |
|---|--|---|--|
| 5. Name: | | 6. Name: | |
| Relationship: Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Civil State: Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> | | Religion: | |
| Occupation: | | Race: | |
| Sacraments Received: Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | |
| Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> None <input type="checkbox"/> | | Birth Date: | |

If you have more family members to include, please write their names and ages in the comments and the parish will call you to complete the information.

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|---------------------|--|---|--|
| Comments: | | <p style="color: red; font-weight: bold; font-size: small;">Supporting the parish: I AGREE AND UNDERSTAND THAT I WILL RECEIVE ENVELOPES FOR WEEKLY PARISH SUPPORT AND CERTIFY WITH MY SIGNATURE THAT ALL INFORMATION IS TRUE.</p> | |
| Name and Signature: | | <p style="color: red; font-weight: bold; font-size: small;">Parish Office</p> | |
| _____ | | Received by: _____ Date: _____ / _____ / _____ | |
| _____ | | Processed by: _____ | |
| _____ | | Date: _____ / _____ / _____ | |
| _____ | | <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p style="color: red; font-weight: bold; font-size: small;">Env. #</p> | |