

PARISH REGISTRATION FORM

(Please Print)

HEAD OF HOUSEHOLD			
Last Name:	First Name:	Maiden Name (if Female):	Date of Birth: / /
Street Address:		Birth City/State (Country):	
City:		State:	Zip Code:
Home Phone: ()		Cell Phone: ()	Would like Parish Communications via? <input type="checkbox"/> E-mail <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> N/A
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Email:		Religion:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage - Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
<input type="checkbox"/> Marriage – Church Name _____ Church City/State _____			
Date of Wedding ____/____/____			
*Note: If you had a Catholic Wedding, please fill out the Church Name, City & State (Country) above. Thank you!			
SPOUSE (**REQUIRED IF MARRIED**)			
Last Name:	First Name:	Maiden Name (if Female):	Date of Birth: / /
Email:		Cell Phone: ()	Birth City/State:
Religion:		Would like Parish Communications via? <input type="checkbox"/> E-mail <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> N/A	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
PARISH CONTRIBUTION PREFERENCE			
Electronic Giving? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "Yes", the Parish Office will provide you details on signing up for Faith Direct online			
Paper Envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "Yes", the Parish Office will assign an envelope number and set your family up to receive paper envelopes			

****If you have children in your household, please complete BOTH sides of this Form****

CHILDREN IN HOUSEHOLD

Child #1 First Name:		Child #1 Last Name (If Different):	Date of Birth: / /
Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City/State:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
Child #2 First Name:		Child #2 Last Name (If Different):	Date of Birth: / /
Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City/State:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
Child #3 First Name:		Child #3 Last Name (If Different):	Date of Birth: / /
Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City/State:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
Child #4 First Name:		Child #4 Last Name (If Different):	Date of Birth: / /
Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City/State:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			
Child #5 First Name:		Child #5 Last Name (If Different):	Date of Birth: / /
Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth City/State:	
Sacraments Received: <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			
<input type="checkbox"/> Baptism – Church Name _____ Church City/State _____			
Date of Baptism ____/____/____			

FOR OFFICE USE ONLY

Date of Registration: ____/____/____ Envelope #: _____

If "Electronic Giving" checked, provide details on signing up for Faith Direct online? Yes No

OSV Notified? Yes No Entered into ParishSOFT? Yes No

If "Parish Communications" checked, entered into Flocknote? Yes No Welcome Card Sent? Yes No