

Parish Registration

Welcome! Please return completed form to Father or put in collection basket.

Please print

Name(s) _____ Today's Date _____

Address _____

Street Address

Mailing Address (i.e. P.O. Box)

City _____ State _____ Primary Phone _____

Head of Household _____	Birth _____
First Middle Last	Date Location
Email address _____	Phone _____
Place of Employment _____	
(Y/N) Catholic _____	(Y/N) Catholic Marriage _____
Circle One	Location Date
(Y/N) Baptized _____	(Y/N) Confirmed _____
Location Date	Location Date
(Y/N) Reconciliation Prep _____	_____
Location Date	

Spouse _____	Birth _____
First Middle Last	Date Location
Maiden Name _____	
<i>If Applicable</i>	
Email address _____	Phone _____
(Y/N) Catholic _____	(Y/N) Catholic Marriage _____
	Location Date
(Y/N) Baptized _____	(Y/N) Confirmed _____
Location Date	Location Date
(Y/N) Reconciliation Prep _____	_____
Location Date	

Children Living at Home	
Name _____	(M / F) Birth _____
First Middle Last	Gender (circle one) Location Date
(Y/N) Baptized _____	(Y/N) Confirmed _____
Location Date	Location Date
(Y/N) Reconciliation _____	(Y/N) 1st Communion _____
Location Date	Location Date
Name _____	(M / F) Birth _____
First Middle Last	Gender (circle one) Location Date
(Y/N) Baptized _____	(Y/N) Confirmed _____
Location Date	Location Date
(Y/N) Reconciliation _____	(Y/N) 1st Communion _____
Location Date	Location Date
Name _____	(M / F) Birth _____
First Middle Last	Gender (circle one) Location Date
(Y/N) Baptized _____	(Y/N) Confirmed _____
Location Date	Location Date
(Y/N) Reconciliation _____	(Y/N) 1st Communion _____
Location Date	Location Date

Children Living at Home (continued)

Name _____ **(M / F) Birth** _____
First Middle Last Gender (circle one) Location Date

(Y/N) Baptized _____ **(Y/N) Confirmed** _____
Location Date Location Date

(Y/N) Reconciliation _____ **(Y/N) 1st Communion** _____
Location Date Location Date

Name _____ **(M / F) Birth** _____
First Middle Last Gender (circle one) Location Date

(Y/N) Baptized _____ **(Y/N) Confirmed** _____
Location Date Location Date

(Y/N) Reconciliation _____ **(Y/N) 1st Communion** _____
Location Date Location Date

Name _____ **(M / F) Birth** _____
First Middle Last Gender (circle one) Location Date

(Y/N) Baptized _____ **(Y/N) Confirmed** _____
Location Date Location Date

(Y/N) Reconciliation _____ **(Y/N) 1st Communion** _____
Location Date Location Date

Please attach a list of any others living in the household with the info listed above.

Please list any other helpful information here:

Which best describes your family? New full-time area residents Full-time area residents, but not new to area
 New Seasonal area residents Seasonal area residents, but not new to area

Please indicate initial interest in the following ministries:

Acolyte or Altar Server	Myself	Spouse	Child(ren)
Reader (men and women)	Myself	Spouse	Child(ren)
Knights of Columbus (men)	Myself	Spouse	Child(ren)
Altar Society (women)	Myself	Spouse	Child(ren)
Pre-School	Myself	Spouse	Child(ren)
K-8 CCD or CCD Teacher	Myself	Spouse	Child(ren)
9-12 Youth Group	Myself	Spouse	Child(ren)
Choir / Musician	Myself	Spouse	Child(ren)
Mass Greeter	Myself	Spouse	Child(ren)
Bible Studies	Myself	Spouse	Child(ren)
Eucharistic Adoration	Myself	Spouse	Child(ren)
Hospitality Ministries <i>(provide rides or meals to parishioners as needed)</i>	Myself	Spouse	Child(ren)
Prayer Chain	Myself	Spouse	Child(ren)
OCIA (classes on Catholicism)	Myself	Spouse	

Comments: