

MEMBERSHIP REGISTRATION

PLEASE SELECT THE PARISH YOU INTEND TO JOIN

Husband/Single Male's Name:

Date of birth:

Home Phone:

Cell Phone:

Current address:

City:

State:

Zip Code:

Email Address:

Wife/Single Female's (maiden) Name:

Date of birth:

Cell Phone:

Current address (if different from above)

City:

State:

Zip Code:

Email Address:

Please circle one: Single Married Divorced Widow(er)

If married, please provide:

Date of Marriage

Parish/Church:

City

If not married in the Catholic Church, was a dispensation obtained? Yes No

CHILDREN LIVING AT HOME OR IN COLLEGE

Name:	Date of Birth:	Baptized	Communion	Confirmation
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No

Children who have graduated from school and are living and working in this area need to register as an adult member of the parish.

OTHERS LIVING IN YOUR HOME

Name

Relationship to You

IMMEDIATE RELATIVES

Husband's/Male's Parents:

Wife's/Female's Parents: