

## 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:

Email completed forms to [dbq019sec@dbqarch.org](mailto:dbq019sec@dbqarch.org) or mail to CFOS Parishes, PO Box 819, Calmar, IA 52132  
Call 563-562-3045 with questions.