

St. Benedict Catholic Church

Parish Registration Form

☐ New Registration ☐ Updated Registration

LAST NAME: Family Home Phone:
 Address: Family Alternate Phone:
 City, State: Zip: Family E-mail:

Alternate Address: (e.g., during winter or summer)

Address: City, State: Zip Code:
 Dates "Alternate Address" Used: Phone:
 Previous Parish: Name: City, State:

Adult Male

Adult Female

First Name:	<input type="text"/>	<input type="text"/>
Maiden Name:	N/A	<input type="text"/>
Birth Date:	<input type="text"/>	<input type="text"/>
Religion:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
	<input type="radio"/> Current <input type="radio"/> Past <input type="checkbox"/> Retired	<input type="radio"/> Current <input type="radio"/> Past <input type="checkbox"/> Retired
Place of Work:	<input type="text"/>	<input type="text"/>
Work Phone:	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>

Present Marital Status: ☐ Single ☐ Widowed ☐ Married ☐ Other (complete Marriage Information form)

Children Living at Home: List from oldest to youngest. Include last name if different from family name.

Sacraments Received: Bp=Baptism; Rc=Reconciliation; Cn=Confirmation; Eu=Eucharist.

Child's Name	Male/Female	Birth Date	Bp Rc Cn Eu	Grade	Name of School
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Children no Longer Living at Home:

Child's Name	Male/Female	Birth Date	Spouse's Name (if married)	Residence (name of city)	Phone (include area code)
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Data:

In case of emergency, contact (*name & relationship*): Phone:

What weekend liturgy do you attend? ☐ 5:00 p.m. Sat. ☐ 8:00 a.m. Sun. ☐ 10:30 a.m. Sun.

Do you attend daily Mass at 8:30 am? ☐ Tues. ☐ Wed. ☐ Thur. ☐ Fri.

How long have you been attending St. Benedict?

If one of you is not Catholic, do you have any interest in becoming Catholic? ☐ N/A

- ☐ Yes, please send me information in the Fall when the R.C.I.A. program starts.
- ☐ Maybe, but I'm not certain at this time. Please send me information in the Fall when the R.C.I.A. program starts so that I could study the Catholic religion within a more formal setting.
- ☐ No, I am not interested at this time. Perhaps in the future I may be interested.
- ☐ No, I am not interested at this time.

Other information you would like the office staff to know:

Return this form to parish office or place in the collection basket

Rev. 3/14/25

OFFICE USE ONLY		Date Received: <input type="text"/>	
ParishSoft:	<input type="text"/>	Notifications: Staff:	<input type="text"/>
Envelope Number:	<input type="text"/>	Bulletin:	<input type="text"/>
OSV Hub:	<input type="text"/>	Notes	<input type="text"/>
Welcome Packet:	<input type="text"/>	New Earth/GGA:	<input type="text"/>
Building Future:	<input type="text"/>	<input type="text"/>	

Marriage Information

The following information will remain confidential

LAST NAME: Address:

First Names: City, State: Zip:

Present Marital Status: *(check appropriate box(es) and complete marriage information)*

☐ Single ☐ Widowed ☐ Separated

☐ Divorced with Annulment

☐ Divorced without Annulment *(if you checked this box, please also fill out the other side of this form)*

☐ Married in Catholic Church

Marriage Date

Name of Church

City and State of Marriage

☐ Married in a non-Catholic Church

☐ I worked with a priest who procured permission/dispensations for my mixed-religion marriage.

☐ I did not have the necessary permission/dispensation for a mixed-religion marriage.

Marriage Date

Name of Church

City and State of Marriage

☐ Married civilly *(Justice of the Peace/Official)*

Marriage Date

Name of Justice of Peace/Official

City and State of Marriage

Additional information I want the pastor at St. Benedict to know:

(in the space below write anything that you wish to communicate to the priest)

**This page needs to be completed only by those who indicated that they are
"Divorced without Annulment".**

Adult Male

I was previously married, but divorced, and ...

- ☐ I did not receive an annulment, and would like more information to actively pursue an annulment with the help of a priest. I provide the following information:

Were you a Catholic at the time of that marriage? ☐ Yes ☐ No

If "No", what denomination were you at that time?

Was your former spouse a Catholic at the time of your marriage? ☐ Yes ☐ No

If "No", what denomination was your former spouse at that time?

Name and denomination of Church the marriage to your former spouse take place:

- ☐ I currently have no intention of remarrying. I fully realize that if I should someday choose to remarry, I will need an annulment and I need to anticipate a minimum period of eighteen months before a marriage can take place within the Church, provided an annulment can be procured in my situation.

Adult Female

I was previously married, but divorced, and ...

- ☐ I did not receive an annulment, and would like more information to actively pursue an annulment with the help of a priest. I provide the following information:

Were you a Catholic at the time of that marriage? ☐ Yes ☐ No

If "No", what denomination were you at that time?

Was your former spouse a Catholic at the time of your marriage? ☐ Yes ☐ No

If "No", what denomination was your former spouse at that time?

Name and denomination of Church the marriage to your former spouse take place:

- ☐ I currently have no intention of remarrying. I fully realize that if I should someday choose to remarry, I will need an annulment and I need to anticipate a minimum period of eighteen months before a marriage can take place within the Church, provided an annulment can be procured in my situation.