



New Parishioner Registration Form

Date: _____ Family Name: _____

Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Head of Household: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: _____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic	
Cell Number: _____	Email: _____		
<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Baptized	1st Reconciliation
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		1st Eucharist	Confirmed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse: _____		Maiden Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: _____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic		
Cell Number: _____	Email: _____			
<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Baptized	1st Reconciliation	1st Eucharist
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Confirmed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent Children Living at Home:	Baptized	1st Reconciliation	1st Eucharist	Confirmed
Name: _____				
Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Name: _____				
Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Name: _____				
Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Name: _____				
Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				

Please register me for : Online Giving

Offertory Envelopes