Parish Registration Form

Directions: Complete this form digitally, then email to the parish of your choice.

HEAD OF HOUSEHOLD FIRST, MI, LAST NAME		SPOUSE/SIGNIFICANT OTHER FIRST, MI, LAST NAME
MAILING ADDRESS (STREET, CITY, ZIP)		
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE)		
HOME PHONE NUMBER	CELL PHONE NUMBER	ALTERNATE PHONE NUMBER
HEAD OF HOUSEHOLD EMAIL ADDRESS		SPOUSE /SIGNIFICANT OTHER EMAIL ADDRESS
NAME OF PREVIOUS CHURCH AFFILIATION		ADDRESS AND PHONE NUMBER

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL ADULT INDIVIDUALS IN YOUR HOUSEHOLD

ADULT FIRST, MI, LAST NAME	GENDER	BIRTH DATE	MARRIAGE DATE	MARRIED BY CATHOLIC PRIEST	CURRENT RELATIONSHIP STATUS	RELIGION	BAPTIZED MONTH/YEAR & CHURCH	FIRST COMMUNION MONTH/YEAR & CHURCH	CONFIRMATION MONTH/YEAR & CHURCH
					Separated Divorced Annulled Widowed Single In a Committed				
					Separated Divorced Annulled Widowed Single In a Committed				
					Married Separated Divorced Annulled Widowed Single In a Committed				

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN IN YOUR HOUSEHOLD

CHILD FIRST, MI, LAST NAME	GENDER	BIRTH DATE	RELATIONSHIP	GRADE LEVEL	ATTENDS FAITH FORMATION	BAPTIZED MONTH/YEAR & CHURCH	FIRST COMMUNION MONTH/YEAR & CHURCH	CONFIRMATION MONTH/YEAR & CHURCH
					Is Currently Attend Will Be Attending Has Never Attend			
					Is Currently Attend Will Be Attending Has Never Attend			
					Is Currently Attend Will Be Attending Has Never Attende			
					Is Currently Attend Will Be Attending Has Never Attende			

Are you receiving envelopes? If so, please provide your envelope number.

If you are not receiving envelopes, would like to receive them? No

Are there homebound/bedridden persons in the household? No Name: