

Envelope Number _____

St. Paul Catholic Church, Athens, AL Parishioner Registration Form

Date Registered _____
(Today's Date)

Family Name: _____
(Last Name Only)

Home Phone: _____

Mailing Address: _____
Street, Number, Apartment, P.O. Box, City, State, Zip

E-mail: _____

Would you like your house blessed? _____

Do you want contribution envelopes _____

Name and Address of Previous Church: _____

	Adult 1 (Head of Household)	Adult 2 (Spouse)
First Name		
Last Name (If different from Family Name):		
Maiden/Birth Name:		
Gender: M/F		
Birth Date: (mm/dd/yyyy)		
Cell Phone:		
Baptized (YES or NO):		
Reconciliation (YES or NO):		
First Communion (YES or NO):		
Confirmation (YES or NO):		
Marital Status: Single Married Widowed Divorced		
Married (YES or NO):		
Date of Marriage (mm/dd/yyyy):		
Place of Marriage:		

Others living with you (i.e. Children, Parents, Relatives, Friends)

	Person 1	Person 2	Person 3	Person 4
First Name:				
Last name:				
Gender: M/F				
Relationship:				
Birth Date: (mm/dd/yyyy)				
Cell Phone:				
Special Needs:				
Baptized (YES or NO):				
Reconciliation (YES or NO):				
Holy Communion (YES or NO)				
Confirmation (YES or NO):				
Married (YES or NO):				