

St. Francis of Assisi Parish & St. Philip Benizi Mission

Registration Form

Date of Original Registration _____

Family Information

Last Name _____
Family Email _____ Home Phone _____
Cell Phone _____ Emergency Phone _____

Address Information

Primary Residence _____
Street City State Zip
Seasonal Residence _____
Street City State Zip
Mailing Address _____
Street City State Zip

QR Code for online giving:



OR: <https://www.givecentral.org/location1411>

Member Information

First Name _____ Middle _____ Nickname _____
Please check one: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Head (if single)
Gender: ☐ Male ☐ Female
Date of Birth _____
Maiden Name _____
Email _____
Cell Phone _____ Work Phone _____

I would like to receive offering envelopes: Yes No

Sacrament Information

<input type="checkbox"/> Catholic	_____	<input type="checkbox"/> Baptism	Date _____
<input type="checkbox"/> Other Faith	_____	Location	_____
<input type="checkbox"/> Reconciliation Prep	Date _____	<input type="checkbox"/> First Eucharist	Date _____
Location	_____	Location	_____
<input type="checkbox"/> Confirmation	Date _____	<input type="checkbox"/> Catholic Marriage	Date _____
Location	_____	Location	_____

*** Please complete Member & Sacrament Information for each family member ***

Member Information

First Name _____ Middle _____ Nickname _____

Please check one: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Head (if single)

Gender: ☐ Male ☐ Female

Date of Birth _____

Maiden Name _____

Email _____ Work Phone _____

Cell Phone _____

Sacrament Information

☐ Catholic ☐ Baptism Date _____

☐ Other Faith _____ Location _____

☐ Reconciliation Prep Date _____ ☐ First Eucharist Date _____

Location _____ Location _____

☐ Confirmation Date _____ ☐ Catholic Marriage Date _____

Location _____ Location _____

Member Information

First Name _____ Middle _____ Nickname _____

Please check one: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Head (if single)

Gender: ☐ Male ☐ Female

Date of Birth _____

Maiden Name _____

Email _____ Work Phone _____

Cell Phone _____

Sacrament Information

☐ Catholic ☐ Baptism Date _____

☐ Other Faith _____ Location _____

☐ Reconciliation Prep Date _____ ☐ First Eucharist Date _____

Location _____ Location _____

☐ Confirmation Date _____ ☐ Catholic Marriage Date _____

Location _____ Location _____

Member Information

First Name _____ Middle _____ Nickname _____

Please check one: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Head (if single)

Gender: ☐ Male ☐ Female

Date of Birth _____

Maiden Name _____

Email _____ Work Phone _____

Cell Phone _____

Sacrament Information

☐ Catholic ☐ Baptism Date _____

☐ Other Faith _____ Location _____

☐ Reconciliation Prep Date _____ ☐ First Eucharist Date _____

Location _____ Location _____

☐ Confirmation Date _____ ☐ Catholic Marriage Date _____

Location _____ Location _____

Member Information

First Name _____ Middle _____ Nickname _____

Please check one: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Head (if single)

Gender: ☐ Male ☐ Female

Date of Birth _____

Maiden Name _____

Email _____ Work Phone _____

Cell Phone _____

Sacrament Information

☐ Catholic ☐ Baptism Date _____

☐ Other Faith _____ Location _____

☐ Reconciliation Prep Date _____ ☐ First Eucharist Date _____

Location _____ Location _____

☐ Confirmation Date _____ ☐ Catholic Marriage Date _____

Location _____ Location _____