

Parish Registration Form St.Lawrence St. Charles St. Mary's Annunciation (please return via collection basket or to parish office)

Last Name: _____ Registration Date: ____/____/____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____ Household head phone: () _____ - _____ Texts OK: <input type="checkbox"/> Y <input type="checkbox"/> N Spouse's phone: () _____ - _____ Texts OK: <input type="checkbox"/> Y <input type="checkbox"/> N Email Address: _____ Would you like to receive the bulletin by email every week? <input type="checkbox"/> Y <input type="checkbox"/> N Offertory preference: <input type="checkbox"/> offertory envelopes -or- <input type="checkbox"/> online giving <i>Parish Use: Env. No: _____ MP _____</i>	STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widowed If married, date and place of marriage: _____ _____ Before a <input type="checkbox"/> priest <input type="checkbox"/> minister <input type="checkbox"/> civil authority
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Previous Parish: _____ City: _____ State: _____

	HEAD <input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE (Circle one) Male Female
First Name:	Middle:	Middle:
Maiden Name/Nickname	_____ / _____	_____ / _____
Date of Birth: <small>mm/dd/yyyy</small>	_____/_____/_____ _____ / _____ / _____	_____/_____/_____ _____ / _____ / _____
Place of Birth: <small>City/State</small>	_____ / _____	_____ / _____
Current Religion:	Active? Y/ N	Active? Y/ N
S A C R A M E N T A L I N F O	Baptism Religion of Baptism/Church: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/_____ _____ _____
	Holy Communion Church/City/State	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/_____ _____
	Confirmation Church/City/State	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/_____ _____
W O R K	Occupation/ Employer	_____ _____
	Disability/SpecialNeeds:	_____
TALENTS to share OR other pertinent info:		_____

CHILDREN REGISTRATION on back: List only those children living at home. THOSE OVER 21 SHOULD REGISTER INDEPENDENTLY AS AN ADULT

		CHILD 1 (Circle one) Male Female	CHILD 2 (Circle one) Male Female
First Name:		Middle:	Middle:
Last Name: (if different)			
Date of Birth/City,State		__ / __ / ____	__ / __ / ____
Current Religion:			
School Attending/Grade		_____ / ____	_____ / ____
S A C R A M E N T A L	Baptism	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Religion of Baptism:	_____	_____
	Church:	_____	_____
	City & State:	_____	_____
	First Communion:	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Church:	_____	_____
	City & State:	_____	_____
	Confirmation:	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Church:	_____	_____
	City & State:	_____	_____
Disability/Special Needs/Talents:			

		CHILD 3 (Circle one) Male Female	CHILD 4 (Circle one) Male Female
First Name:		Middle:	Middle:
Last Name: (if different)			
Date of Birth/City,State		__ / __ / ____	__ / __ / ____
Current Religion:			
School Attending/Grade		_____ / ____	_____ / ____
S A C R A M E N T A L	Baptism	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Religion of Baptism:	_____	_____
	Church:	_____	_____
	City & State:	_____	_____
	First Communion:	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Church:	_____	_____
	City & State:	_____	_____
	Confirmation & Date:	_Yes _No Date: ____ / ____ / ____	_Yes _No Date: ____ / ____ / ____
	Church:	_____	_____
	City & State:	_____	_____
Disability/Special Needs/Talents:			

