

## **WELCOME!!**

We are glad you are worshiping with us here and would like to help you in any way we can.

Please call or stop by the Parish office so we may meet and greet you in a personal way.

In order to keep you informed and assist you in the best possible way we encourage you to return your registration form to us soon.

## **MISSION STATEMENT**

We, as Catholic Christians, come together from our individual lives to form this parish community, where we are called to make Christ's presence manifest in the world. We do this by:

— celebrating the Word made flesh in prayer and worship as a community and by welcoming those who come to join us;

— sharing our spiritual, social, and material bounty with our sisters and our brothers within our parish and beyond its boundaries;

— working to grow in faith, knowledge, commitment, and in our ability to share the Good News God has shared with us; and

— by providing social interaction that develops our sense of family and joyfully supports our common life of faith.

## **REGISTRATION FORM**

### **THE PARISH OF SAINT EUGENE**

**72 Culvern Street  
Asheville, North Carolina 28804**

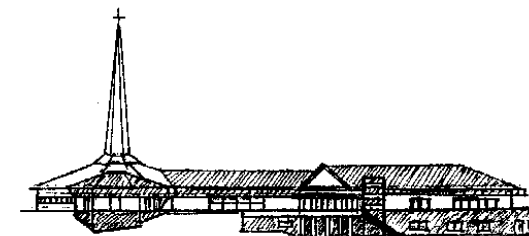
**Office Hours: 9am - 4pm  
Monday - Friday  
Telephone: (828) 254-5193**

**Fax: (828) 254-5797**

**Email: [churcheugene@steugene.org](mailto:churcheugene@steugene.org)**

**Website: [www.steugene.org](http://www.steugene.org)**

**Facebook:  
[steugenecatholicch63.myfbplace.com](https://www.facebook.com/steugenecatholicch63)**



# REGISTRATION FORM

## THE PARISH OF SAINT EUGENE

FAMILY LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ SPOUSE \_\_\_\_\_

TITLE: (CIRCLE I: MR./MRS. MR. MRS.. MS. MISS DR./MRS OTHER: \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_  
DR/DR MR/DR

E-MAIL: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_ IS THIS AN UNLISTED NUMBER? (Y) (N)

SECOND RESIDENCE: \_\_\_\_\_ MONTH \_\_\_\_\_ TO \_\_\_\_\_

MARITAL STATUS: (CIRCLE I) CHURCH MAR MAR SING DIV SEP WID FORMER PARISH/LOCATION \_\_\_\_\_

CHURCH ATTENDANCE: ☐ FREQUENT ☐ REGULAR ☐ OCCASIONAL ☐ SELDOM MASS ATTENDED: ☐ Sat.5:30 p.m.; ☐ Sun. 8:30 a.m. ☐ 11:00 a.m. ☐ 5:30 p.m.

	ADULT	ADULT	CHILD	CHILD	CHILD	CHILD	OTHER ADULT
FIRST NAME							
CHILD'S GRADE							
SEX							
BIRTH DATE							
LANGUAGE(S) SPOKEN							
ETHNIC ORIGIN (Asian/Pacific Islander, Eng/Togalog Black/African American, Hispanic, Native Amer, White/Cauc, Other )							
RELIGION							
DISABILITIES							
OCCUPATION OR CHILD'S SCHOOL							
LOCATION							
BUSINESS PHONE							
BAPTIZED	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
FIRST EUCHARIST	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
CONFIRMATION	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
MARRIED	(Y) (N) DATE	(Y) (N) DATE					

COMMENTS / MINISTRIES INTERESTED IN / TALENTS:

Office use only: Date: \_\_\_\_\_ Env. # \_\_\_\_\_

E \_\_\_\_\_ L \_\_\_\_\_ R \_\_\_\_\_ C \_\_\_\_\_