

Date: _____

ALL SAINTS CATHOLIC CHURCH REGISTRATION FORM

Do you give us permission to publish your name in the bulletin as a new parishioner? Yes ___ No ___

MAILING ADDRESS _____

City, State, Zip Code _____ Home Phone #: _____

Language(s) spoken in the home: _____

COMPLETE NAME OF HEAD OF HOUSEHOLD _____
(First) (Middle) (Last)

MAIDEN NAME (IF APPLICABLE) _____ MALE ___ FEMALE ___

CELL # _____ DATE OF BIRTH _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

E-MAIL ADDRESS: _____

Married Single Divorced Widowed

DATE OF MARRIAGE _____ MARRIED BY A PRIEST? YES NO

SACRAMENTS RECEIVED Baptism Communion Confirmation RELIGION IF NOT CATHOLIC _____

SPOUSE NAME (First/Middle/Last) _____

MAIDEN NAME (IF APPLICABLE) _____ MALE ___ FEMALE ___

CELL # _____ DATE OF BIRTH _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

E-MAIL ADDRESS: _____

SACRAMENTS RECEIVED Baptism Communion Confirmation RELIGION IF NOT CATHOLIC _____

(CHILDREN UNDER THE AGE OF 21 LIVING AT HOME)

CHILD'S FULL NAME (First/Middle/Last) _____ MALE FEMALE

DATE OF BIRTH _____ SACRAMENTS RECEIVED Baptism Communion Confirmation

CHILD'S FULL NAME (First/Middle/Last) _____ MALE FEMALE

DATE OF BIRTH _____ SACRAMENTS RECEIVED Baptism Communion Confirmation

CHILD'S FULL NAME (First/Middle/Last) _____ MALE FEMALE

DATE OF BIRTH _____ SACRAMENTS RECEIVED Baptism Communion Confirmation

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DATE OF BIRTH _____ SACRAMENTS RECEIVED Baptism Communion Confirmation

Attach an extra sheet for additional family members.