



PARISHIONER REGISTRATION FORM

FOR OFFICE USE

Date rec'd _____

Env # _____

PERSON # 1 (primary) Name on tax receipt Y / N	PERSON # 2 Name on tax receipt Y / N
SURNAME M / F	SURNAME M / F
GIVEN NAME (S)	GIVEN NAME (S)
DATE OF BIRTH (mm/dd/yyyy)	DATE OF BIRTH (mm/dd/yyyy)
ARE YOU CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT SACRAMENTS HAVE YOU RECEIVED? <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation	WHAT SACRAMENTS HAVE YOU RECEIVED? <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation
MARITAL STATUS (everyone is welcome regardless of marital status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	MARITAL STATUS (everyone is welcome regardless of marital status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law

CONTACT INFORMATION	ADDRESS:
	CITY/TOWN & POSTAL CODE:
	PHONE: (home) _____ (cell) _____
	EMAIL ADDRESS:

PLEASE COMPLETE THIS SECTION (if applicable):

CHILD'S FULL NAME	M/F	DATE OF BIRTH <i>(mm/dd/yyyy)</i>	DATE/PLACE OF BAPTISM	DATE/PLACE FIRST COMMUNION	DATE/PLACE CONFIRMATION

“We are God’s people, the flock of the Lord!”