

New Parishioner Registration

Date: ____ / ____ / ____

Household Information

Family Last Name:	
How you would like your name(s) to be Directory listed:	<input type="checkbox"/> Mr. _____ <input type="checkbox"/> Ms. _____ <input type="checkbox"/> Mr. & Mrs. _____ <input type="checkbox"/> Other: _____
Preferred first names, for example: (William or Bill) (Elizabeth or Beth)	
Address:	
City, State, Zip	
Home Phone #:	Area Code: - -
Home E-mail address: _____	
May we e-mail you Parish information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we list you in the Parish Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we list your Home Phone Number? <input type="checkbox"/> Yes <input type="checkbox"/> No May we list your E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adults in the Household

	#1 (Primary Registrant)	#2	#3
Full Name:			
Relation to #1:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Religion:			
Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which Liturgy Do You Most Regularly Attend?	<input type="checkbox"/> Daily <input type="checkbox"/> Sat. 5:30 pm <input type="checkbox"/> Sun. 7:30 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 11:30 am <input type="checkbox"/> 1:15 pm <input type="checkbox"/> 5:30 pm	<input type="checkbox"/> Daily <input type="checkbox"/> Sat. 5:30 pm <input type="checkbox"/> Sun. 7:30 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 11:30 am <input type="checkbox"/> 1:15 pm <input type="checkbox"/> 5:30 pm	<input type="checkbox"/> Daily <input type="checkbox"/> Sat. 5:30 pm <input type="checkbox"/> Sun. 7:30 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 11:30 am <input type="checkbox"/> 1:15 pm <input type="checkbox"/> 5:30 pm
Marital Status:			
Employer:			
Occupation:			
Job Title:			
Work Phone No.:	- -	- -	- -
Would you like to be contacted to serve in a ministry such as Liturgy, Music, Social Justice, Garden, RE, Youth, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate your interests.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate your interests.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate your interests.

Children in the Household

	Child #1	Child #2	Child #3	Child #4
Full Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	___/___/___	___/___/___	___/___/___	___/___/___
Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Where?				
Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Where?				
First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Where?				
Name of School Attending:				
Grade Level:				
Special Needs:				
Is Child in Relig. Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would your child like to be an altar server (5 th gr. +)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would your child like to be involved in Parish Youth Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate interests:				
e-mail (if different than home e-mail)				

If more than four (4) children, please copy and use second sheet.

<i>For Parish Office Use Only</i>			<i>Updated 7/05</i>
Date entered in Parish Data Base:	___/___/___	By: _____	
Parish Life & Volunteer DB:	___/___/___	By: _____	