

Please print all information clearly

## Church of the Ascension Registration Form

ID#: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Address Mail to: Mr. & Mrs.  Mr.  Miss  Ms.

Address: \_\_\_\_\_  
(Street) (City) (Zip+4)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
(Home) (Cell) (Work)

| <u>Adults at this address</u> |            | Birth Date | <u>Sex</u> |   | Race | Religion | <u>Baptized</u> |    | <u>Confirmed</u> |    | <u>Status:</u> |     |     |     |     | Occupation |
|-------------------------------|------------|------------|------------|---|------|----------|-----------------|----|------------------|----|----------------|-----|-----|-----|-----|------------|
| Last Name                     | First Name |            | M          | F |      |          | Yes             | No | Yes              | No | SGL            | MAR | SEP | DIV | WID |            |
| Head of Household             |            |            |            |   |      |          |                 |    |                  |    |                |     |     |     |     |            |
| Spouse                        |            |            |            |   |      |          |                 |    |                  |    |                |     |     |     |     |            |
| Other Adult                   |            |            |            |   |      |          |                 |    |                  |    |                |     |     |     |     |            |

| <u>Dependent children at this address</u> |            | Birth Date | <u>Sex</u> |   | Race | Religion | <u>Baptized</u> |    | <u>1st Eucharist</u> |    | <u>Confirmed</u> |    | <u>School</u> |        |       |
|---|------------|------------|------------|---|------|----------|-----------------|----|----------------------|----|------------------|----|---------------|--------|-------|
| Last Name                                 | First Name |            | M          | F |      |          | Yes             | No | Yes                  | No | Yes              | No | Catholic      | Public | Grade |
| 1)  |            |            |            |   |      |          |                 |    |                      |    |                  |    |               |        |       |
| 2)  |            |            |            |   |      |          |                 |    |                      |    |                  |    |               |        |       |
| 3)  |            |            |            |   |      |          |                 |    |                      |    |                  |    |               |        |       |
| 4)  |            |            |            |   |      |          |                 |    |                      |    |                  |    |               |        |       |
| 5)  |            |            |            |   |      |          |                 |    |                      |    |                  |    |               |        |       |

Family member with special needs? Please indicate first name and need.

Please indicate any additional information such as skills or hobbies.

I would like to receive "The Catholic Virginian" Yes  No

I would like to receive Monthly Envelopes Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_