

## ***WELCOME TO ST. AGNES PARISH!***

We are pleased that you have chosen to worship with our community at St. Agnes, Fowlerville. We will strive to provide you with a friendly, spiritually enriching atmosphere in which to practice your faith. In turn, we hope that you will feel a part of our community and will be willing to share your personal gifts with us.

Please take a moment to answer the questions below. Your input will help us serve you better and will give us an idea of the areas in which you might be willing to serve the parish.

What made you choose St. Agnes, Fowlerville as your place of worship?

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What specific needs do you (and your family) have that you would like fulfilled by this faith community?

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In what ways do you (and/or your spouse) feel that you can contribute to this faith community?

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What personal gifts/talents are you (and/or your spouse) willing to share?

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## FAMILY REGISTRATION FORM

Date: \_\_\_/\_\_\_/\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Winter Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Married by a priest/deacon? Y—N Anniversary date: \_\_\_/\_\_\_/\_\_\_  
Wedding Church/City: \_\_\_\_\_ Wife's maiden name: \_\_\_\_\_

*Do we have your permission to publish your phone/address/e-mail in a  
Parish Directory?* Phone: Y—N Address: Y—N E-mail: Y—N

Contribution Envelope # \_\_\_\_\_ Would you prefer to contribute online? Y—N

### Household Information

#### Adult Male:

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Language Spoken at Home \_\_\_\_\_  
Do you have any special needs? \_\_\_\_\_

#### Sacramental information:

Baptized? Y—N If so, were you baptized Catholic? Y—N  
Did you come into the Church through the RCIA process? Y—N  
Reconciliation? Y—N First Eucharist? Y—N Confirmation? Y—N  
What is your occupation? \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

#### Adult Female:

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Language Spoken at Home \_\_\_\_\_  
Do you have any special needs? \_\_\_\_\_

#### Sacramental information:

Baptized? Y—N If so, were you baptized Catholic? Y—N  
Did you come into the Church through the RCIA process? Y—N  
Reconciliation? Y—N First Eucharist? Y—N Confirmation? Y—N  
What is your occupation? \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

ST. AGNES PARISH  
855 E. Grand River, Fowlerville, MI 48836

**FAMILY REGISTRATION FORM**

**Children's Information:**

Name: \_\_\_\_\_ M—F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has the child received the following sacraments?

Baptism? Y—N Was the child baptized Catholic? Y—N

Date of baptism: \_\_\_/\_\_\_/\_\_\_

Church: \_\_\_\_\_

Reconciliation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

First Eucharist? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Confirmation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

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Name: \_\_\_\_\_ M—F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has the child received the following sacraments?

Baptism? Y—N Was the child baptized Catholic? Y—N

Date of baptism: \_\_\_/\_\_\_/\_\_\_

Church: \_\_\_\_\_

Reconciliation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

First Eucharist? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Confirmation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

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Name: \_\_\_\_\_ M—F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has the child received the following sacraments?

Baptism? Y—N Was the child baptized Catholic? Y—N

Date of baptism: \_\_\_/\_\_\_/\_\_\_

Church: \_\_\_\_\_

Reconciliation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

First Eucharist? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Confirmation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

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Name: \_\_\_\_\_ M—F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has the child received the following sacraments?

Baptism? Y—N Was the child baptized Catholic? Y—N

Date of baptism: \_\_\_/\_\_\_/\_\_\_

Church: \_\_\_\_\_

Reconciliation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

First Eucharist? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Confirmation? Y—N Date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Registered by: \_\_\_\_\_ Date: \_\_\_\_\_