



St. Veronica Congregation
Imaging Christ to the World

Envelope Number _____

Date Registered _____

Welcome to St. Veronica's Parish! In an effort to better serve your spiritual needs, please tell us about you and your family. Please note there are two sides to this form. *Please print clearly using dark ink. Thank you!*

HEAD OF HOUSEHOLD INFORMATION

SALUTATION:

Miss Mr. Mrs. Ms M/M Other
(Circle One)

(First, Middle, Last)

GOES BY: _____
(If Different)

MAIDEN NAME: _____
(If Applicable)

HOW DO YOU LIKE YOUR MAIL ADDRESSED?: Miss Mr. Mrs. Ms M/M
(Circle One)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER (____) _____ Listed Unlisted

____ Yes! You may list my/our name(s) in the parish bulletin as new parishioners.
____ No, I/we do not wish to have our name(s) listed in the parish bulletin.

DATE OF BIRTH: (MM/DD/YEAR) ____/____/____ **FORMER PARISH:** _____

MARITAL STATUS:

Church Marriage Married Single Separated Divorced Widowed

RELIGION: _____ **GENDER:** Male Female

OCCUPATION: _____ **EMPLOYER:** _____ **BUS PHONE:** _____
(optional) (optional)

CELL PHONE NUMBER: (____) _____

EMAIL: _____

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		



SPOUSE INFORMATION

SALUTATION:

Miss Mr Mrs Ms M/M
(Circle One)

_____ (First, Middle, Last)

GOES BY: _____
(If Different)

MAIDEN NAME: _____
(If Applicable)

HOW DO YOU LIKE YOUR MAIL ADDRESSED?: Miss Mr Mrs Ms M/M
(Circle One)

ADDRESS: _____

CITY: _____ **ST ATE:** _____ **ZIP:** _____

HOME PHONE NUMBER (____) _____ Listed Unlisted

DATE OF BIRTH: (MM/DD/YEAR) ____/____/____

MARITAL STATUS:

Church Marriage Married Single Separated Divorced Widowed

GENDER: Male Female **RELIGION:** _____

OCCUPATION: _____ **EMPLOYER:** _____ **BUS PHONE:** _____
(optional) (optional)

CELL PHONE NUMBER: (____) _____

EMAIL: _____

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		

Please complete this form for adult children 18-22 living at home or away College/University. Children living at home over the age of 22 should register separately as an adult.

ADULT CHILD

SALUTATION:

Miss Mr. Mrs. Ms M/M _____
 (Circle One) (First, Middle, Last)

GOES BY: _____ **MAIDEN NAME:** _____
 (If Different) (If Applicable)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER (____) _____ Listed Unlisted

DATE OF BIRTH: (MM/DD/YEAR) ____/____/____

MARITAL STATUS:

Church Marriage Married Single Separated Divorced

GENDER: Male Female

RELIGION: _____

OCCUPATION: _____ **EMPLOYER:** _____ **BUS PHONE:** _____
 (optional) (optional)

CELL PHONE NUMBER: (____) _____

EMAIL: _____

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		

Please take a moment and also fill out information on your minor children; you need more forms, please let us know or feel free to make photocopies information.

CHILD

NAME: _____ **GOES BY:** _____
 (First, Middle, Last) (If Different)

DATE OF BIRTH:(MM/DD/YEAR) ____/____/____ **RELIGION:** _____

GENDER: Male Female **ETHNICITY:** _____
 (Optional)

SCHOOL ATTENDING: _____ **GRADE:** _____

ATTENDING CHRISTIAN FORMATION: Yes No

Sacrament	Date (mm/dd/yyyy)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		

CHILD

NAME: _____ **GOES BY:** _____
 (First, Middle, Last) (If Different)

DATE OF BIRTH:(MM/DD/YEAR) ____/____/____ **RELIGION:** _____

GENDER: Male Female **ETHNICITY:** _____
 (Optional)

SCHOOL ATTENDING: _____ **GRADE:** _____

ATTENDING CHRISTIAN FORMATION: Yes No

Sacrament	Date (mm/dd/yyyy)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		