## ALL SAINTS CATHOLIC CHURCH

## PARISH REGISTRATION FORM

FAMILY LAST NAME _					Home Phone #		_ (unlisted)
Address							
	Street / P.O. E	Box			City	State	Zip code
First Adult				Middle	N · I N	(TE A P 11.)	
rirst				Middle	Maiden Name (If Applicable)		
Cell phone #	Email				Add to Parish Email Group?		
Date of Birth	Rel	igion		Baptized			
First Communion				Confirmation	Date		
Date	Churc	ch/City	Ma	rital Status: Single	Date Married	Church/City Divorced	Widowed
Marriage Date Occupation	Churc	h/City	Place of Employment				
Second Adult						nme (If Applicable)	
First				Middle	Maiden Na		
Cell phone #	Email				A	Add to Parish Ema	il Group?
Date of Birth	Rel	igion		Baptized			
First Communion				Confirmation _	Date	Church/City	
Date Marriage	Church/City		Marital Status: Single		Date	Church/City Divorced	Widowed
Date	Church/City Place o						
<b>Children</b> (Under age 21, and living at home):	Name	M/F	DOB	Baptism		Communion	Confirmation
First Child				(Date/Church)	(Dai	e/Church)	(Date/Church)
Second Child							
Third Child							
(If necessary, list more on b	eack)						
Office use only: Date registered		Envelo	pe #	Added to PDS	(Initial/ Date) Th	Initial/ Date) The Record	