

Welcome to St. Ann Parish!

FORM 1

ST. ANN PARISH REGISTRATION FORM
24500 S. NAVAJO DR.—CHANNAHON, IL 60410



Office use: Date: _____

Envelope # _____

Member Status: _____ New _____ Current/Return	Home Phone: _____
Family Last Name: _____	Head of Household Cell Phone: _____
Address: _____	Spouse Cell Phone: _____
City/St/Zip _____	Family email address: _____
Children live with: _____ Father & Mother _____ Father alone _____ Mother Alone _____ Father & Spouse _____ Mother & Spouse _____ Other	
Marital Status: _____ Single _____ Married by a priest _____ Marriage w/o a priest _____ Separated _____ Divorced _____ Widowed	

Head of Household Name: _____	Baptism: _____ Yes _____ No
Birthdate: _____	First Reconciliation (Confession): _____ Yes _____ No
Religion: _____	First Holy Communion: _____ Yes _____ No
Occupation: _____	Confirmation: _____ Yes _____ No
Disabilities or Special Needs: _____	
Ministry Interests: _____	Email address: _____

Spouse Name: _____	Baptism: _____ Yes _____ No
Birthdate: _____	First Reconciliation (Confession): _____ Yes _____ No
Religion: _____	First Holy Communion: _____ Yes _____ No
Occupation: _____	Confirmation: _____ Yes _____ No
Disabilities or Special Needs: _____	
Ministry Interests: _____	Email address: _____

Child Name: _____	Baptism: _____ Yes _____ No
Birthdate: _____	First Reconciliation (Confession): _____ Yes _____ No
Gender: _____ Male _____ Female	First Holy Communion: _____ Yes _____ No
2020-21 School grade K-12: _____	Confirmation: _____ Yes _____ No
Away at college: _____ Yes _____ No	Attends Catholic School or RE: _____ Cath. _____ RE _____ No
Disabilities or special needs: _____	

Child Name: _____	Baptism: _____ Yes _____ No
Birthdate: _____	First Reconciliation (Confession): _____ Yes _____ No
Gender: _____ Male _____ Female	First Holy Communion: _____ Yes _____ No
2020-21 School grade K-12: _____	Confirmation: _____ Yes _____ No
Away at college: _____ Yes _____ No	Attends Catholic School or RE: _____ Cath. _____ RE _____ No
:Disabilities or special needs _____	

Child Name: _____	Baptism: _____ Yes _____ No
Birthdate: _____	First Reconciliation (Confession): _____ Yes _____ No
Gender: _____ Male _____ Female	First Holy Communion: _____ Yes _____ No
2020-21 School grade K-12: _____	Confirmation: _____ Yes _____ No
Away at college: _____ Yes _____ No	Attends Catholic School or RE: _____ Cath. _____ RE _____ No
Disabilities or special needs: _____	

*FORM 2 available for additional children.

ST. ANN PARISH
24500 S. NAVAJO DR.—CHANNAHON, IL 60410
REGISTRATION FORM



Resident ADULT CHILD Name: _____	Baptism	___ Yes	___ No
Birthdate: _____	First Reconciliation (Confession):	___ Yes	___ No
Religion: _____	First Holy Communion:	___ Yes	___ No
Cell Phone: _____	Confirmation:	___ Yes	___ No
Email address: _____	Ministry Interest	_____	
Disabilities or special needs: _____	Occupation:	_____	
Marital Status: ___ Single ___ Married by a Priest ___ Marriage w/o a priest ___ Separated ___ Divorced ___ Widowed			

Resident ADULT CHILD Name: _____	Baptism:	___ Yes	___ No
Birthdate: _____	First Reconciliation (Confession):	___ Yes	___ No
Religion: _____	First Holy Communion:	___ Yes	___ No
Cell Phone: _____	Confirmation:	___ Yes	___ No
Email address: _____	Ministry Interest	_____	
Disabilities or Special Needs: _____	Occupation:	_____	
Marital Status: ___ Single ___ Married by a Priest ___ Marriage w/o a priest ___ Separated ___ Divorced ___ Widowed			

OTHER RESIDENT ADULT Name: _____	Baptism:	___ Yes	___ No
Birthdate: _____	First Reconciliation (Confession):	___ Yes	___ No
Religion: _____	First Holy Communion:	___ Yes	___ No
Cell Phone: _____	Confirmation:	___ Yes	___ No
Email address: _____	Ministry Interest:	_____	
Disabilities or Special Needs: _____	Occupation:	_____	
Marital Status: ___ Single ___ Married by a Priest ___ Marriage w/o a priest ___ Separated ___ Divorced ___ Widowed			

1. PRIMARY LANGUAGE SPOKEN AT HOME: _____
2. IS THERE ANYONE IN YOUR HOUSEHOLD WHO WOULD BE INTERESTED IN RECEIVING ONE OF THESE SACRAMENTS?
 ___ BAPTISM ___ EUCHARIST ___ CONFIRMATION
 ___ ALL THREE NAME(S): _____
3. IS THERE ANYONE IN YOUR HOUSEHOLD WHO WAS MARRIED BEFORE WHO WISHES TO BEGIN THE PROCESS OF ANNULMENT?
 ___ YES NAME(S): _____
4. IS ANYONE IN YOUR HOUSEHOLD SICK, ELDERLY, HOME BOUND, OR DISABLED THAT WOULD LIKE TO RECEIVE COMMUNION, CONFESSION, MINISTER OF CARE/PRIEST VISIT?
 ___ YES NAME: _____
5. IS ANYONE IN YOUR HOUSEHOLD INTERESTED IN VOCATIONS?
 ___ PRIEST ___ BROTHER ___ SISTER NAME: _____
6. ARE ANY OF YOUR CHILDREN (8TH THROUGH SR. IN HIGH SCHOOL) INTERESTED IN JOINING OUR PARISH YOUTH GROUP?
 ___ YES NAME(S): _____

THANK YOU FOR
 TAKING THIS TIME TO
 LET US KNOW MORE
 ABOUT YOU.
 WELCOME TO
 ST. ANN CATHOLIC
 PARISH