Welcome to St. Ann Parish!

St. Ann Parish Registration Form 24500 S. Navajo Dr.—Channahon, IL 60410



| Office use: Date: | | | |
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| Fnyelone # | | | |

FORM 1

| 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 | r & Mother | Father alone | _ Mother Alone Father & Spouse | Mother & Spouse Other |
| Marital Status: Single | _ Married by a | priest Marri | age w/o a priest Separated D | 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 |
| 2023-24 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 |
| 2023-24 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 |
| 2023-24 School grade K-12: | | | Confirmation: | Yes No |
| 2023 24 3011001 Brade R 12. | | | | |
| Away at college: | Yes | No | Attends Catholic School or RE: | Cath RE No |

^{*}FORM 2 available for additional children.

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



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|---|--|
| Resident ADULT CHILD Name: | YesNo |
| Birthdate: | First Reconciliation (Confession):YesNo |
| Religion: | First Holy Communion:YesNo |
| Cell Phone: | Confirmation: Yes No |
| Email address: | Ministry Interest |
| Disabilities or special needs: | Occupation: |
| Marital Status: Single Married by a Priest Marriag | e w/o a priest Separated Divorced Widowed |
| Resident ADULT CHILD Name: | Baptism:YesNo |
| Birthdate: | First Reconciliation (Confession):YesNo |
| Religion: | First Holy Communion:YesNo |
| Cell Phone: | Confirmation:YesNo |
| Email address: | Ministry Interest |
| Disabilities or Special Needs: | Occupation: |
| Marital Status: Single Married by a Priest Marriag | e w/o a priest Separated Divorced Widowed |
| OTHER RESIDENT ADULT Name: | Baptism:YesNo |
| Birthdate: | First Reconciliation (Confession):YesNo |
| Religion: | First Holy Communion:Yes No |
| Cell Phone: | Confirmation:YesNo |
| Email address: | Ministry Interest: |
| Disabilities or Special Needs: | Occupation: |
| Marital Status: Single Married by a Priest Marriag | e w/o a priest Separated Divorced Widowed |
| | |
| 1. PRIMARY LANGUAGE SPOKEN AT HOME: | |
| 2. IS THERE ANYONE IN YOUR HOUSEHOLD WHO WOULD BE INTER RECEIVING ONE OF THESE SACRAMENTS? | THANK YOU FOR |
| BAPTISM EUCHARIST CONFIRMATIO ALL THREE NAME(S): | |
| 3. IS THERE ANYONE IN YOUR HOUSEHOLD WHO WAS MARRIED B WISHES TO BEGIN THE PROCESS OF ANNULMENT? | TAKING THIS TIME TO |
| WISHES TO BEGIN THE PROCESS OF ANNULMENT? YES NAME(S): | LET US KNOW MORE |
| 4. IS ANYONE IN YOUR HOUSEHOLD SICK, ELDERLY, HOME BOUND DISABLED THAT WOULD LIKE TO RECEIVE COMMUNION, CONFE | SSION, |
| MINISTER OF CARE/PRIEST VISIT? YES NAME: | ABOUT YOU. |
| 5. IS ANYONE IN YOUR HOUSEHOLD INTERESTED IN VOCATIONS? | WELCOME TO |
| Priest Brother Sister Name: | —— St. Ann Catholic |
| 6. ARE ANY OF YOUR CHILDREN (8TH THROUGH SR. IN HIGH SCH | оог) |
| YES NAME(S): | PARISH |
| | |

815-467-6962 www.stannchannahon.org