

Please print all information clearly

Church of the Ascension Registration Form

Office Use Only
ID#: _____
Rev. 6.2017

Family Last Name: _____ Address Mail to: Mr. & Mrs. Mr. Miss Ms.

Address: _____ (Street) _____ (City) _____ (Zip+4)
Phone: _____ (Cell) _____ (Home) _____ (Zip+4) _____ @ _____

Adults at this address		Birth Date m/d/yr	Sex M F	Race	Religion	Baptized		Confirmed		Status:				Occupation
Last Name	First Name					Yes	No	Yes	No	SGL	MAR	SEP	DIV	
Head of Household														
Spouse														
Married in the Roman Catholic Church? Yes No													Date: _____	Name of Church _____
Other Adult living in home														

Dependent children at this address		Birth Date	Sex M F	Race	Religion	Baptized		Confirmed		School Public	Grade
Last Name	First Name					Yes	No	Yes	No		
1)											
2)											
3)											

Family member with special needs? Please indicate first name and need.

Please indicate your preference of communication:

Email _____ Cell/Home Phone _____ US Postal Service Mail _____

I would like to receive "The Catholic Virginian" Yes No

I would like to receive Monthly Envelopes Yes No

Signature: _____

Date: _____