

**Parish Registration For**  
**St. Elizabeth Ann Seton Catholic Community**  
9728 W. Palmeras Dr. Sun City, AZ 85373-2254  
e-mail address [office@sesc.org](mailto:office@sesc.org)

**PLEASE PRINT ALL INFORMATION LEGIBLY** *All information is kept confidential.*

Today's Date \_\_\_\_\_ Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Last Parish belonged to \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Status (*check one*) Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Marriage is recognized by church? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Husband's First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Type of Occupation \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Wife's First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Type of Occupation \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Emergency contact (*other than spouse*) \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Do you want envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you winter residents? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes give summer address \_\_\_\_\_

List additional immediate family members that live in your home and attend St. Elizabeth Seton Church. Please give last name if different. Please use back of the form if you need more room.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

**OFFICE USE ONLY**

Parish Envelope No. \_\_\_\_\_ Registration Packet Given/Mailed \_\_\_\_\_ by \_\_\_\_\_

Envelopes Mailed \_\_\_\_\_ Entered in PDS \_\_\_\_\_ by \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Removed from PDS \_\_\_\_\_