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 Date Received: _____
 ID/Enc# _____

St Benedict Catholic Church

Phone: (719) 495-1426
Registration Form

Mail to: St. Benedict Catholic Church
 12130 Falcon Highway
 Falcon CO 80831
OR drop in the Offertory Basket

Last Name _____ **First Name** _____ **Spouse** _____
Address _____ **City/State** _____ **Zip** _____
Home Phone _____ **Cell Phone** _____ **Other** _____
Email _____ **Emergency Contacts** _____
Marital Status: Single ___ Married ___ Widowed ___ Separated ___ Divorced ___ Optional: AD Military? ___Yes ___No _____

Mailing Address if different: _____
How did you hear about St. Benedict Parish? _____

	Head		Spouse		Child		Child		Child		Child	
Name												
Religion												
Languages												
Occupation												
Work/School												
Education/ Grade												
Birthdate												
Baptism: Parish/City												
1st Eucharist	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1st Reconciliation	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Confirmation	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Registered in R.E. Classes				Yes	No	Yes	No	Yes	No	Yes	No
	Children Home Schooled				Yes	No	Yes	No	Yes	No	Yes	No

Interested in the Following Ministries: ___ Extraordinary Minister of Holy Communion ___ Lector ___ Music/Choir ___ Altar Server ___ Catechist ___ Offertory Validator ___ Facilities ___ Outreach ___ Office Help ___ Youth Group ___ Women's Group ___ Knights of Columbus ___ St. Vincent de Paul ___ Welcoming Committee