

WELCOME!!

We are glad you are worshipping with us here and would like to help you in any way we can.

Please call or stop by the Parish office so we may meet and greet you in a personal way.

In order to keep you informed and assist you in the best possible way we encourage you to return your registration form to us soon.

MISSION STATEMENT

We, as Catholic Christians, come together from our individual lives to form this parish community, where we are called to make Christ's presence manifest in the world. We do this by:

— celebrating the Word made flesh in prayer and worship as a community and by welcoming those who come to join us;

— sharing our spiritual, social, and material bounty with our sisters and our brothers within our parish and beyond its boundaries;

— working to grow in faith, knowledge, commitment, and in our ability to share the Good News God has shared with us; and

— by providing social interaction that develops our sense of family and joyfully supports our common life of faith.

REGISTRATION FORM

THE PARISH OF SAINT EUGENE

**72 Culvern Street
Asheville, North Carolina 28804**

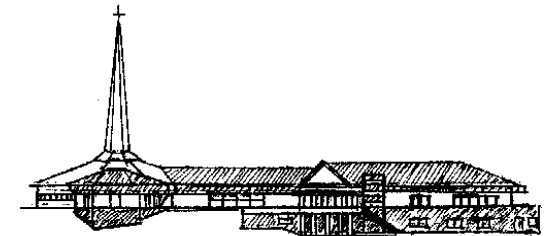
**Office Hours: 9am - 4pm
Monday - Friday
Telephone: (828) 254-5193**

Fax: (828) 254-5797

Email: churcheugene@bellsouth.net

Website: www.steugene.org

**Facebook:
[steugenecatholicch63.myfbplace.com](https://www.facebook.com/steugenecatholicch63.myfbplace.com)**



REGISTRATION FORM

THE PARISH OF SAINT EUGENE

FAMILY LAST NAME _____ FIRST _____ SPOUSE _____

TITLE: (CIRCLE I: MR./MRS. MR. MRS.. MS. MISS DR./MRS OTHER: _____ ADDRESS _____ CITY/ZIP _____
 DR/DR MR/DR

E-MAIL: _____ PHONE #: () _____ IS THIS AN UNLISTED NUMBER? (Y) (N)

SECOND RESIDENCE: _____ MONTH _____ TO _____

MARITAL STATUS: (CIRCLE I) CHURCH MAR MAR SING DIV SEP WID FORMER PARISH/LOCATION _____

CHURCH ATTENDANCE: FREQUENT REGULAR OCCASIONAL SELDOM MASS ATTENDED: Sat.5:30 p.m.; Sun. 8:30 a.m. 11:00 a.m. 5:30 p.m.

	ADULT	ADULT	CHILD	CHILD	CHILD	CHILD	OTHER ADULT
FIRST NAME							
CHILD'S GRADE							
SEX							
BIRTH DATE							
LANGUAGE(S) SPOKEN							
ETHNIC ORIGIN (Asian/Pacific Islander, Eng/Togalob Black/African American, Hispanic, Native Amer, White/Cauc, Other)							
RELIGION							
DISABILITIES							
OCCUPATION OR CHILD'S SCHOOL							
LOCATION							
BUSINESS PHONE							
BAPTIZED	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
FIRST EUCHARIST	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
CONFIRMATION	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
MARRIED	(Y) (N)	(Y) (N)					
	DATE	DATE					

COMMENTS / MINISTRIES INTERESTED IN / TALENTS:

Office use only: Date: _____ Env. # _____

E _____ L _____ R _____ C _____