

Registration for (Please Check One):

☐ St. Francis Xavier ☐ St. Mary of the Assumption
☐ St. John the Baptist ☐ St. Robert Bellarmine
 1704 - 240th Ave., Kansasville, WI 53139

Date of Registration: _____

OFFICE USE ONLY: ENVELOPE NUMBER _____

Mailing Label

Name: _____

Address: _____

City & State: _____

Zip + 4: _____ - _____

Phone: (____) _____ - _____

e-mail: _____

Contribution Envelopes _____ Online Payments _____

Name First, Middle, Last <i>If more than 6 members in your household, use an additional form.</i>	Name Preferred	A - Adult C - Child HH - Household Head H - Husband W - Wife SP - Single Parent GC - Grandchild of HH P - Parent of HH	Religion RC - Roman Catholic List Other	M F	Date of Birth	Occupation and Employer
1						
2						
3						
4						
5						
6						

1 Name: _____

For each sacrament indicate: Y = Yes N = No U = Unsure

Baptism: _____ Reconciliation: _____

Eucharist: _____ Confirmation: _____

Marital Status - Circle One:

Single Valid Catholic Marriage Separated

Divorced Ordained Clergy Religious

Unsure of Catholic Marital Status Widowed

Widowed/Remarried Civil Marriage

Education (Circle Highest Level Completed):

No Formal Education

K 1 2 3 4 5 6 7 8 9 10 11 12

College Graduate School

Major: _____

Degree(s): _____

2 Name: _____

For each sacrament indicate: Y = Yes N = No U = Unsure

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Eucharist: _____ Confirmation: _____

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 K 1 2 3 4 5 6 7 8 9 10 11 12
 College Graduate School
 Major: _____
 Degree(s): _____

Spouses
 Husband: _____ Wife: _____
 Maiden Name: _____
 Date of Marriage: _____
 Church: _____
 City & State: _____

All mailings will be sent to Head of Household. If mailings are to be sent to other members of the household, list their name:

Additional Contact Information:
 Name: _____ Cell: _____
 E-Mail: _____
 Name: _____ Cell: _____
 E-Mail: _____
 Name: _____ Cell: _____
 E-Mail: _____

Vocational Information
 List the member(s) of the household who would like information concerning vocation to:
 Priesthood: _____
 Religious Life: _____
 Permanent Diaconate: _____

List the member(s) of the household with any of the following disabilities:
 Sight: _____
 Hearing: _____
 Physical (specify): _____
 Other: _____

Spiritual Needs
 List the member(s) of the household who would be interested in the following:
 Information concerning retreats and similar spiritual opportunities: _____
 Would like the parish priest to contact them personally: _____
 Is confined to home or otherwise unable to travel and/or are in need of someone to bring the Eucharist on Sundays: _____

Additional Comments
 Please use this space to add any additional information or comments:

THANK YOU!

To become a registered member of a KR County Line Catholic Parish this form must be completed and returned. It can be mailed to the address on the front of this form, placed in an envelope and dropped in the Sunday collection basket, or e-mailed to southoffice@krcatholics.org. You will soon be contacted by someone from the parish and in a few weeks will receive a started packet of Sunday collection envelopes. Any questions? Call the parish office at 262-878-2267.