



# Epiphany Catholic Church

## Parish Registration Form

Please print neatly

Family Last Name Only \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different from above)

Would you like to receive offertory envelopes? Yes \_\_\_ No \_\_\_

Do you prefer online giving? Yes \_\_\_ No \_\_\_

Maiden Name \_\_\_\_\_

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

Permeant Resident \_\_\_\_\_ Date you arrived at Epiphany \_\_\_\_\_

Winter Resident \_\_\_\_\_ Months spent in Florida each year \_\_\_\_\_

Phone \_\_\_\_\_

Home

Mr. Cell

Mrs. Cell

Please circle Y or N

First Name	Middle Initial	Date of Birth M/D/Y	Sex M F	Single Married Widow(er) Separated Divorced	Catholic or Non-Catholic/ Denomination	Baptized Yes No	1 <sup>st</sup> Comm. Yes No	Confirmed Yes No	Mass Attendance Weekly Monthly Seldom	Languages spoken at home
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
<b>Dependent Children Living at Home</b>				<b>Wedding Anniversary date:</b>						
First Name	Last Name					Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		
						Y/N	Y/N	Y/N		

Husband's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Wife's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

If Retired, Former Occupation \_\_\_\_\_

Physical Limitations \_\_\_\_\_

\_\_\_\_\_