



# CHRIST OUR LIGHT CATHOLIC PARISH

804 7th Avenue South, Princeton MN 55371  
763.389.2115 | [www.christourlightmn.org](http://www.christourlightmn.org)

## PARISHIONER REGISTRATION FORM

Once you have submitted this form, you and your household will be invited to a Member Orientation meeting.  
We look forward to meeting you!

Date \_\_\_\_\_

Complete this information as you would like it to appear on your mailing label:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Alternative Address \_\_\_\_\_

Date to use alternative address: Beginning \_\_\_\_\_ End \_\_\_\_\_

Date you moved to area \_\_\_\_\_ Previous Parish \_\_\_\_\_

Would you like to receive the Diocesan publication, *The Central Minnesota Catholic Magazine*, which informs you of events around the Diocese and contains articles of interest pertaining to our faith? ☐ Yes ☐ No

May we put your names in the bulletin to welcome new parishioners? ☐ Yes ☐ No

## Individual/Family Information

Adult \_\_\_\_\_  
First Middle (Maiden) Last

Primary Contact: ☐ Yes ☐ No

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Church/City \_\_\_\_\_

Marital Status: ☐ Single ☐ Married->☐ Marriage is Blessed in the Catholic Faith ☐ Widow(er) ☐ Separated/Divorced

Check if Sacrament Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion these sacraments were received under \_\_\_\_\_ Signature \_\_\_\_\_

Adult \_\_\_\_\_  
First Middle (Maiden) Last

Primary Contact: ☐ Yes ☐ No

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Church/City \_\_\_\_\_

Marital Status: ☐ Single ☐ Married->☐ Marriage is Blessed in the Catholic Faith ☐ Widow(er) ☐ Separated/Divorced

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion these sacraments were received under \_\_\_\_\_ Signature \_\_\_\_\_

Children at home **under** age 18:

(Children over age 18 should register independently)

**Name** \_\_\_\_\_

First

Middle

Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion that these sacraments were received under \_\_\_\_\_

**Name** \_\_\_\_\_

First

Middle

Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion that these sacraments were received under \_\_\_\_\_

**Name** \_\_\_\_\_

First

Middle

Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion that these sacraments were received under \_\_\_\_\_

**Name** \_\_\_\_\_

First

Middle

Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion that these sacraments were received under \_\_\_\_\_

**Name** \_\_\_\_\_

First

Middle

Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

Check sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Religion that these sacraments were received under \_\_\_\_\_