

Parish Registration Form



Last Name

Welcome to our Parish Community! *(The information you provide on this census form will be exclusively used by the Church.)*

M ____ First _____ M.I. ____ Last _____ Cell # _____ Work # _____

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Street Address _____ City/St/Zip _____ Are you a seasonal resident? (mo. to mo.) _____

Mailing Address (if different) _____ City/St/Zip _____

Primary Email _____ Secondary Email _____

Household Member Information *(Please only enter people who presently claim your address as permanent.)*

	Head 1	Head 2	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child
First Name					
Last Name					
Religion					
Birthday (mm/dd/yy)					
Gender (M/F)					
Sacraments received:					
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation					
Company					
School/Grade					
1 Marital Status					
2 Disability					
3 Language					
4 Race/Ethnicity					

1 MC: Married Catholic (recognized by church) MO: Married Other S: Single D: Divorced SEP: Separated W: Widow
 2 B: Legally Blind MH: Mentally Handicapped H: Hearing Impaired P: Physically Disabled H: Homebound O: Other

3 E: English S: Spanish I: Italian F: French O: Other
 4 A: Asian AA: African American H: Hispanic W: White O: Other (please specify)