

*****REGISTRATION FORM*****

St. George Catholic Church

P.O. Box 577

Hartford, SD 57033

(605)-528-3902

Today's Date: _____

Contribution Envelope # _____

Family Name _____

E-Mail Address: _____

Telephone # (H) _____

Cell # _____

Address

Street	PO Box	City	State	Zip	Most recent Parish & City registered at
MAN			WOMAN		

Name: _____
 First Middle Last

Name: _____
 First Middle Maiden Last

Religion: _____

Religion: _____

Date of Birth: _____

Date of Birth: _____

Birth Place: _____

Birth Place: _____

Parents: Father - _____

Parents: Father - _____

Mother- _____
 Maiden Name

Mother- _____
 Maiden Name

Baptism: _____
 Church City/State Date

Baptism: _____
 Church City/ State Date

First Penance: _____
 Church City/State Date

First Penance: _____
 Church City/ State Date

First Communion: _____
 Church City/State Date

First Communion: _____
 Church City/State Date

Confirmation: _____
 Church City/State Date

Confirmation: _____
 Church City/State Date

Marital Status: Valid Catholic Marriage _____ Invalid Marriage(Married outside Catholic Church) _____ Divorced _____
 Separated _____ Widowed _____ Co-Habiting _____ Single _____

List Marriages: 1. _____
 Name of Spouse Marriage Date Church/Place of Marriage City/State
If divorced: Date _____ was Marriage Annulled? No _____ Yes _____ (Date) _____

Comments: _____

2. _____
 Name of Spouse Marriage Date Church/Place of Marriage City/State
If divorced: Date _____ was Marriage Annulled? No _____ Yes _____ (Date) _____

Comments: _____

Occupation		
MAN		WOMAN

Level of Education: _____

Level of Education: _____

Occupation: _____

Occupation _____

Place of Employment: _____

Place of Employment: _____

Telephone # _____

Telephone # _____

(Children listed on back of page)

CHILDREN

(Please give child's last name if different from parents)

1. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____

2. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____

3. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____

4. **Full Name** _____ Sex _____ Birth Date _____
Birth Place _____ Religion _____ Grade _____ School _____
Baptism _____ First Penance _____
Date Church City/State Date Church City/State
First Communion _____ Confirmation _____
Date Church City/State Date Church City/State
Living at Home: _____ Yes _____ No Comments: _____
Father's Name: _____ Mother's Name: _____ Maiden Name: _____

OFFICE USE ONLY

Letter _____ Envelopes _____ Family Suite _____ Sacrament check _____ Group _____ Bulletin _____ Email L. _____ BB _____