

St. Clement Catholic Parish Registration date: _____ Previous Church: _____

Head of Household names: _____

Address, City, State, Zip: _____

Home Ph: _____ His phone: _____ Her phone: _____

His email: _____ Her email: _____

2nd Address: _____ When: _____

*We grant permission for any photo including members of our family to be used in parish publications or social media:

Signed: _____

Name & title	Birth date & city/state:	Grade	Baptism date, church & city/state	1st Communion date/church/city	Confirmation date/church/city,state	Marriage date church, city,state	By a priest? Name?	Workplace	Talents, Interests, Med. Concerns
Head 1	_____ _____		_____ _____	_____ _____	_____ _____	_____ _____	_____ _____		
Head 2	_____ _____		_____ _____	_____ _____	_____ _____	_____ _____	_____ _____		
Children (or Other)	_____ _____		_____ _____	_____ _____	_____ _____	_____ _____	_____ _____		
	_____ _____		_____ _____	_____ _____	_____ _____	_____ _____	_____ _____		

Office use: ID # _____ Dioc. # _____ Bulletin: _____ Fr. Jack: _____ Welcome Wagon: _____