

St. Elizabeth Ann Seton Mission Church



NEW MEMBER REGISTRATION

For Office Use Only

Powerflex Number _____

Church Envelope _____

Completed By _____

Date: _____ Family Name: _____

Title: Mr. & Mrs. Mr. Mrs. Ms. Miss or: _____

Address: _____ City and Zip: _____

Home Telephone Number: _____ Is this number unlisted? Yes No

Cell Number: _____ E-mail address: _____

(Please circle appropriate answer): Married Single Divorced Separated Widowed

If Married: Was your Marriage in a Catholic Ceremony? Yes No

Previous Parish of Registration: _____

Full Address: _____

Information on Family Members Living at Home

	Adult	Adult	Child	Child	Child
First Name					
Last Names					
Religion					
Birthdate					
Baptism					
Communion					
Confirmation					
Marriage					
Occupation					
Employer					
Work Phone					
Grade					
School					

