



09.12.21

PARISH REGISTRATION

Please fill out all the information below. Email completed form to info@ctknv.org or drop by the office to submit the form.

TODAY'S DATE _____

PLEASE SELECT ONE:

New Registration Change of Name/Address/Phone Moving remove from mail list

Family Last Name _____

MALE: _____ Date of birth _____ Religion _____

MARITAL STATUS:

Single Married Civil Marriage/Non-Catholic Religion Widowed Divorced Separated

FEMALE: _____ Date of Birth _____ Religion _____

MARITAL STATUS:

Single Married Civil Marriage/Non-Catholic Religion Widowed Divorced Separated

Address: _____

City _____ State _____ Zip Code _____

Best phone #: _____ Best Email: _____

CHILDREN UNDER 18 YEARS OF AGE

	NAME	DATE OF BIRTH	SACRAMENTS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

ENVELOPES REQUESTED: YES NO

ENROLL IN OUR ONLINE GIVING: YES NO

(For assistance, please contact the office 702-871-1904)

INTERESTED IN VOLUNTEERING: YES NO