



## PARISH REGISTRATION

Please fill out all the information below. Email completed form to [info@ctkccnv.org](mailto:info@ctkccnv.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 mailing 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: \_\_\_\_\_ Unit# \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_ Best Email: \_\_\_\_\_

## CHILDREN UNDER 18 YEARS OF AGE

### NAME

### SACRAMENTS NEEDED

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_