

**St. Paul Catholic Church, Athens, AL**  
**Parishioner Registration Form**

Envelope Number \_\_\_\_\_

**PLEASE BRING TO THE CHURCH OFFICE (Call 256-232-4191)**

Family Name: \_\_\_\_\_  
 (Last Name Only)

Date Registered \_\_\_\_\_  
 (Today's Date)

Mailing Address: \_\_\_\_\_  
 (Street, Number, Apartment, P.O. Box)  
 \_\_\_\_\_  
 (City, State, Zip)

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Address of Previous Church: \_\_\_\_\_

Would you like your house blessed? \_\_\_\_\_ Would like to receive One Voice? \_\_\_\_\_ Do you want envelopes \_\_\_\_\_

	Adult 1 (Head of Household)	Adult 2 (Spouse)
First Name		
Last Name (If different from Family Name):		
Maiden/Birth Name:		
Gender: M/F		
Birth Date: (mm/dd/yyyy)		
Work/Business Phone:		
Cell Phone:		
Active/Religious Education:		
Marital Status: Single Married Widowed Divorced		
Baptized (YES or NO):		
Reconciliation (YES or NO):		
First Communion (YES or NO):		
Confirmation (YES or NO):		
Married (YES or NO):		
Date of Marriage (mm/dd/yyyy):		
Place of Marriage:		

**Others living with you (i.e. Children, Parents, Relatives, Friends)**

	Person 1	Person 2	Person 3	Person 4	Person 5
First Name:					
Last name:					
Gender: M/F					
Relationship:					
Birth Date: (mm/dd/yyyy)					
Work/Business Phone #:					
Cell Phone:					
Special Needs:					
Active/Religious Education:					
Baptized (YES or NO):					
Reconciliation (YES or NO):					
Holy Communion (YES or NO)					
Confirmation (YES or NO):					
Married (YES or NO):					