



ST. BENEDICT CATHOLIC CHURCH

PARISH REGISTRATION FORM

Date: ___/___/___

Office Use Only: # (_____)

950 Darrell Creek Trail, Mount Pleasant, SC 29466 | 843-216-0039 | stbenedict@charlestdiocese.org | www.stbenedictparish.org

Family (Last) Name

Mailing Address & Street Address (if different) City SC State ZIP

Head of Household Home Phone Male Cell/Work Phone Female Cell/Work Phone

Subdivision Family's Primary email address

Parish of Previous Registration Church Name & Location (If you have not done so, please inform your former parish immediately that you are no longer members there)

How would you like to make your donations to the parish? Online Giving ___ Receive Envelopes ___

Members of the Household

Table with 8 columns: First & Middle Name of All Household Members (& Last if different from above and circle), Salutation (Mr./Mrs./Ms./Dr./Sgt./etc.), Date of Birth, M/F, Marital Status, Occupation & Employer OR School & Grade, First Language & Ethnicity, Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known):

Table with 6 columns: Name, Baptism, Reconciliation, Communion, Confirmation, Catholic Matrimony

Please return the completed registration to the above address, or scan and email to stbenedict@charlestdiocese.org

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PDS: _____ Folder: _____ Welcome Packet: _____ Envelopes if Requested: _____