



ST. BENEDICT
CATHOLIC CHURCH

PARISH REGISTRATION FORM

Date: ____/____/____

Office Use Only: # (____)

950 Darrell Creek Trail, Mount Pleasant, SC 29466 | 843-216-0039 | Fax: 843-971-6789 | www.stbenedictparish.org

Family (Last) Name

Mailing Address & Street Address (if different) City 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)

Members of the Household

First & Middle Name (& 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):

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Matrimony

If you have any special needs or situations that you wish to discuss with the Pastor or the Pastoral Associate, please email dan@stbenedictparish.org or call Dan Lord at 843-216-0039

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PDS ____ Welcome Packet: Given ____ Mailed ____ OSV ____ To Outreach ____/____/____