

**Christ the King Parish Registration Form**  
**PO Box 156, Ferdinand, IN 47532**  
**(812)367-1212 (812)367-1066 FAX stferd@psci.net**

<b>Office Use</b>
Env. # _____
Area _____
Carrier Route _____
DP _____
Date Registered _____

Family Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse: \_\_\_\_\_

Circle Title: Mr. & Mrs. Mr. Mrs. Ms. Miss. Dr. & Mrs. Mr. & Dr. Number of Children at Home: \_\_\_\_\_

PO Box: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

Marital Status: Sacramental Marriage Single Divorced Separated Widowed

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Which School District will your children attend: \_\_\_\_\_

**MEMBER INFORMATION**

	<b>Head of Household</b>	<b>Spouse</b>	<b>Child @ home</b>	<b>Child @ home</b>	<b>Child @ home</b>	<b>Child @ home</b>
<b>First Name</b>						
<b>Last Name (If Different)</b>						
<b>Maiden Name</b>						
<b>Date of Birth</b>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>Sex</b>	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female
<b>Religion</b>						
<b>School</b>						
<b>Present Grade or Last Completed</b>						
<b>Occupation</b>						
<b>Place of Employment</b>						
<b>Work Phone &amp; Ext. #</b>						
<b>Language Spoken</b>						

	<i>Head of Household</i>	<i>Spouse</i>	<i>Child</i>	<i>Child</i>	<i>Child</i>	<i>Child</i>
<i>Baptized</i> <b>Church of Baptism</b> <b>City, State</b> <b>Date Of Baptism</b> <b>Sponsors</b>	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____
<b>1<sup>st</sup> Reconciliation (Penance)</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>First Communion</b> <b>Church of</b> <b>1<sup>st</sup> Communion</b> <b>City, State</b> <b>1<sup>st</sup> Communion Date</b>	  ____/____/____ _____ _____	  ____/____/____ _____ _____	  ____/____/____ _____ _____	  ____/____/____ _____ _____	  ____/____/____ _____ _____	  ____/____/____ _____ _____
<b>Confirmation</b> <b>Church of Confirmation</b> <b>City, State</b> <b>Confirmation Date</b> <b>Sponsor</b>	Yes No  ____/____/____ _____	Yes No  ____/____/____ _____	Yes No  ____/____/____ _____	Yes No  ____/____/____ _____	Yes No  ____/____/____ _____	Yes No  ____/____/____ _____
<b>Married</b> <b>Church of Marriage</b> <b>City, State</b> <b>Marriage Date</b> <b>Witnesses</b>	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____	Yes No  ____/____/____ _____ _____
<b>Conversion</b> <b>Church of Conversion</b> <b>City, State</b> <b>Conversion Date</b>	Yes No  ____/____/____	Yes No  ____/____/____				
<b>Current Ministries</b>						
<b>WOULD LIKE TO VOLUNTEER FOR:</b>						
<b>Additional Comments</b>						

All information in italics is necessary to access your Sacramental records. All sacraments are recorded at the **Church of your Baptism**.

**Note: All dates require a month, day and year. If you need more space to answer please use another sheet and attach to this form.**

We welcome you to Christ the King Parish and are happy to include you in our parish family. We encourage you to bring this form to the church office in person, so that we may have the opportunity to meet you personally, and learn more about your family. If you have any questions about the form or general questions about parish activities, please call the parish office at 812-367-1212. Thank you.