

Today's Date: _____

CHRIST THE KING CATHOLIC CHURCH

Membership Registration Form

For Office Use Only:
ID _____ PDS _____
PAS _____ WEL _____

Check One: Married Divorced Separated Widow(er) Single Engaged
Catholic Church (or convalidated) Marriage: Date: _____ Church (City, State) _____
If not married in Catholic Church: Date: _____ Church/Place(City, State) _____

Circle One: | Miss | Ms | Mrs | Mr & Mrs | Dr | Dr & Mrs | Dr & Mr | Dr & Dr | Other _____
Family Last Name: _____ Wife's Maiden Name: _____
Address: _____ Family Home Phone: _____
City: _____ Zip: _____ Unlisted Phone Number? Yes No
Email Addresses (*this is how we will communicate with you*) Cell Phone Numbers:
#1 Email: _____ Adult #1 Phone: _____
#2 Email: _____ Adult #2 Phone: _____

Were you ever a member of CTK, LR?
If so, dates: _____
Previous Parish Name, City & State: _____
Dates Registered: _____

Family Member Name	Birthdate MM/DD/YY	M/F	Employer Name	Position	Religion	Baptism Date/Location	1st Communion Date/Location	Confirmation Date/Location	Current School	Grade

Please return in collection, mail or fax to:
Christ the King Catholic Church
4000 N Rodney Parham Rd
Little Rock, AR 72212-2443
501-225-6774 Fax: 501-225-7169

Visit our website for other opportunities:
Church and School: www.ckclr.org



Volunteer Interests:
 Eucharistic Ministry Men of Faith Music Ministry
 Lector Ministry Women's Ministry Senior Ministry
 Usher Ministry Youth Ministry Adoration