



**Beloved Disciple Catholic Parish**  
**1310 S. Center St. Ext. Grove City PA 16127**  
**New Parishioner Registration Form**  
**Web: [www.beloveddiscipleparish.org](http://www.beloveddiscipleparish.org)**  
**Email: [secretary@beloveddiscipleparish.org](mailto:secretary@beloveddiscipleparish.org)**  
**724-748-6700**

Date: \_\_\_\_\_

Envelope Number \_\_\_\_\_  
(Office Issued)

Family Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Address line 1: House Number / Street)

\_\_\_\_\_  
(Address line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Main Phone Number

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Area Code

Please indicate: CELL or LANDLINE  
(Circle one)

**Head of House 1**

Gender

First Name

Household Position

Email Address

Cell Number

Prefix

Nickname

Middle Name

Last Name

Suffix

Date of Birth

Marital Status

Sacraments Received: Baptism \_\_\_\_

Eucharist \_\_\_\_ Confirmation \_\_\_\_

**Head of House 2**

Gender

First Name

Household Position (please circle)

SPOUSE | CHILD | ADULT CHILD | OTHER \_\_\_\_\_

Email Address

Cell Number

Prefix

Nickname

Middle Name

Last Name

Suffix

Date of Birth

Marital Status

Sacraments Received: Baptism \_\_\_\_

Eucharist \_\_\_\_ Confirmation \_\_\_\_

Maiden Name

*For additional family members, please use reverse side.*

*Special notations I'd like to add:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

— Family Member 3 —

Gender	First Name	Household Position <i>(please circle)</i>		
<input type="text"/>	<input type="text"/>	SPOUSE   CHILD   ADULT CHILD   OTHER _____		
Email Address		Cell Number		
<input type="text"/>		<input type="text"/>		
Prefix	Nickname	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status	Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____		
<input type="text"/>	<input type="text"/>			

— Family Member 4 —

Gender	First Name	Household Position <i>(please circle)</i>		
<input type="text"/>	<input type="text"/>	SPOUSE   CHILD   ADULT CHILD   OTHER _____		
Email Address		Cell Number		
<input type="text"/>		<input type="text"/>		
Prefix	Nickname	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status	Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____		
<input type="text"/>	<input type="text"/>			

— Family Member 5 —

Gender	First Name	Household Position <i>(please circle)</i>		
<input type="text"/>	<input type="text"/>	SPOUSE   CHILD   ADULT CHILD   OTHER _____		
Email Address		Cell Number		
<input type="text"/>		<input type="text"/>		
Prefix	Nickname	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status	Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____		
<input type="text"/>	<input type="text"/>			

— Family Member 6 —

Gender	First Name	Household Position <i>(please circle)</i>		
<input type="text"/>	<input type="text"/>	SPOUSE   CHILD   ADULT CHILD   OTHER _____		
Email Address		Cell Number		
<input type="text"/>		<input type="text"/>		
Prefix	Nickname	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status	Sacraments Received: Baptism ____ Eucharist ____ Confirmation ____		
<input type="text"/>	<input type="text"/>			