

NEW PARISHIONER REGISTRATION FORM

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY TELEPHONE:

CELL PHONE:

EMAIL:

Sign up for online giving through WeShare!
Scan the QR code here:



MARITAL STATUS:

MARRIED IN CATHOLIC CHURCH CIVIL MARRIAGE SINGLE WIDOWED DIVORCED SEPARATED

Family Members Living at Home (Last, First)	M/F	DOB	Religion	Baptized (Y/N)	Communion (Y/N)	Confirmation (Y/N)
Parent						
Parent (if applicable)						
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date