



Registration Form

Today's Date: _____ Do you receive contribution envelopes? Y____ N____
If "Yes", do you use your contribution envelopes? Y____ N____
Do you give online? Y____ N____
If "No", would you like information about Online Giving? Y____ N____

Head of Household

Last Name: _____ First Name: _____ M.I. _____
Home Phone: _____ Mobile Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
D.O.B. _____ Email: _____
Religion (if not Catholic): _____ Sacraments Received (Check "X" all that apply):
Baptism ____ Reconciliation ____ Holy Eucharist ____ Confirmation ____ Marriage ____
Date Wed: _____

Spouse/Other Adult

Head of Household

Last Name: _____ First Name: _____ M.I. _____
Home Phone: _____ Mobile Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
D.O.B. _____ Email: _____
Religion (if not Catholic): _____ Sacraments Received (Check "X" all that apply):
Baptism ____ Reconciliation ____ Holy Eucharist ____ Confirmation ____ Marriage ____
Date Wed: _____

~ Please Complete Back for Dependents ~



Dependent Child

Last Name: _____ First Name: _____ M.I. _____

Relationship to Head of Household: Child _____ Step-Child _____ Grandchild _____ Other _____

D.O.B. _____ Name of School: _____ Grade: _____

Religion (if **not** Catholic): _____ Sacraments Received (Check "X" all that apply):

Sacraments Received: Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____

Dependent Child

Last Name: _____ First Name: _____ M.I. _____

Relationship to Head of Household: Child _____ Step-Child _____ Grandchild _____ Other _____

D.O.B. _____ Name of School: _____ Grade: _____

Religion (if **not** Catholic): _____ Sacraments Received (Check "X" all that apply):

Sacraments Received: Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____

Dependent Child

Last Name: _____ First Name: _____ M.I. _____

Relationship to Head of Household: Child _____ Step-Child _____ Grandchild _____ Other _____

D.O.B. _____ Name of School: _____ Grade: _____

Religion (if **not** Catholic): _____ Sacraments Received (Check "X" all that apply):

Sacraments Received: Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____

~ Please Use Another Sheet of Paper If Additional Room Is Required ~