

PARISHIONER REGISTRATION FORM

PLEASE PRINT

Today's Date: _____

NAME-

FIRST: _____ LAST: _____ (MR., MRS., MS.)

FIRST: _____ LAST: _____ (MR., MRS., MS.)

(SHOULD MATCH WITH THE NAME ON YOUR FINANCIAL RECORDS TO CREDIT CORRECTLY)

ADDRESS: _____ APT. NO _____

CITY: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE: () _____

E-MAIL ADDRESS: _____ PRIMARY LANGUAGE: _____

(HER INFORMATION)

DATE OF BIRTH: _____

PRACTICING CATHOLIC: YES _____ NO _____

MARRIED? _____ BY CHURCH- YES _____ NO _____

(HIS INFORMATION)

DATE OF BIRTH: _____

PRACTICING CATHOLIC: YES _____ NO _____

MARRIED? _____ BY CHURCH- YES _____ NO _____

I am interested in the following ministries:

Becoming a Catholic: _____ Bible Study: _____

Sacramental prep.: _____ Usher: _____ Choir: _____

Eucharistic Minister: _____ Bereavement: _____ Lector: _____

Parish Event Helper: _____ St. Mary's place: _____

St. Vincent de Paul: _____ Hospitality: _____

Religious Education Teacher: _____ Marriage prep.: _____