



NEW PARISHIONER REGISTRATION FORM

Family Last Name: _____

Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Are you a winter visitor? Yes No

Out of State Address (if applicable): _____

City: _____ State: _____ Zip: _____

Tithing Preference (circle): Online Giving* Physical Envelopes

**If choosing online, please provide a current and valid email address above*

PRIMARY ADULT REGISTRANT

Title:	First Name:	Last Name:	Maiden:
Phone:	Email:		
Date of Birth:	<i>Circle:</i> Male Female	<i>Circle:</i> Single Married Widow Divorced	
Religion:	Occupation:	Retired? Yes No	
Sacraments Received:			
Are you Baptized: Yes No <i>If yes, what Denomination?</i> _____		First Communion: Yes No	
Confirmation: Yes No <i>If yes, what Denomination?</i> _____		Marriage: Yes No <i>Civil or Sacramental?</i> _____	
Willing to Volunteer? Yes No		<i>If yes, what are your interests or areas of expertise?</i>	

SECONDARY ADULT REGISTRANT

Title:	First Name:	Last Name:	Maiden:
Phone:	Email:		
Date of Birth:	<i>Circle:</i> Male Female	<i>Circle:</i> Single Married Widow Divorced	
Religion:	Occupation:	Retired? Yes No	
Sacraments Received:			
Are you Baptized: Yes No <i>If yes, what Denomination?</i> _____		First Communion: Yes No	
Confirmation: Yes No <i>If yes, what Denomination?</i> _____		Marriage: Yes No <i>Civil or Sacramental?</i> _____	

Office Use Only:

Internal Checklist Completed by: _____

on: _____

Family ID #: _____

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CHILDREN LIVING IN THE HOUSEHOLD

Willing to Volunteer? Yes No	<i>If yes, what are your interests or areas of expertise?</i>
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FIRST CHILD

First Name:		Last Name:		Religion:	
Relationship to Primary Adult:		Date of Birth:		Circle: Male Female	
School Name & City:		Grade Level:		Special Needs:	
Baptism: Date:		Parish:		City/State:	
First Reconciliation: Date:		Parish:		City/State:	
First Communion: Date:		Parish:		City/State:	
Confirmation: Date:		Parish:		City/State:	

SECOND CHILD

First Name:		Last Name:		Religion:	
Relationship to Primary Adult:		Date of Birth:		Circle: Male Female	
School Name & City:		Grade Level:		Special Needs:	
Baptism: Date:		Parish:		City/State:	
First Reconciliation: Date:		Parish:		City/State:	
First Communion: Date:		Parish:		City/State:	
Confirmation: Date:		Parish:		City/State:	

THIRD CHILD

First Name:		Last Name:		Religion:	
Relationship to Primary Adult:		Date of Birth:		Circle: Male Female	
School Name & City:		Grade Level:		Special Needs:	
Baptism: Date:		Parish:		City/State:	
First Reconciliation: Date:		Parish:		City/State:	
First Communion: Date:		Parish:		City/State:	
Confirmation: Date:		Parish:		City/State:	

CHILDREN LIVING IN THE HOUSEHOLD

If more than three children, please use a second sheet.