



Parish Registration Card

Please Print Clearly

Family Name:	
Home Address:	
City:	
State:	Zip Code:
Mailing Address:	
City:	
State:	Zip Code:
Phone ()	
Unlisted? Yes / No	
Email Address:	

Marital Status: (circle one)		
Single	Separated	Widowed
Divorced		
Married	Marriage Date	
By a Priest? Yes / No / Other		

How would you like to send your Stewardship Contribution?

- I would like to have envelopes sent
- I will use Automatic Payment Plan
-please fill out the Authorization Agreement Form enclosed

Member #1

First Full Name:		
Mr. Mrs. Ms. Miss Dr.		
Middle Name:		
Nickname/Name you go by:		
Last Name if different:		
Birth Date: mm/dd/yy		
Religion:		
Languages Spoken:		
Ethnicity		
Occupation & Employer		
Business phone:		
Sacraments Received:		
Baptism: Yes / No		date
1 st Communion	Yes / No	date
Confirmation	Yes / No	date

Member #2

First Full Name:		
Mr. Mrs. Ms. Miss Dr.		
Middle Name:		
Nickname/Name you go by:		
Last Name if different:		
Birth Date: mm/dd/yy		
Religion:		
Languages Spoken:		
Ethnicity		
Occupation & Employer		
Business phone:		
Sacraments Received:		
Baptism: Yes / No		date
1 st Communion	Yes / No	date
Confirmation	Yes / No	date

Office Use Only: ID#
Envelopes: Yes No Date:

Member #3

First Full Name:		
Mr. Mrs. Ms. Miss Dr.		
Middle Name:		
Nickname/Name you go by:		
Last Name if different:		
Birth Date: mm/dd/yy		
Religion:		
Languages Spoken:		
Ethnicity		
Occupation & Employer		
Business phone:		
Sacraments Received:		
Baptism: Yes / No		date
1 st Communion	Yes / No	date
Confirmation	Yes / No	date

Member #4

First Full Name:		
Mr. Mrs. Ms. Miss Dr.		
Middle Name:		
Nickname/Name you go by:		
Last Name if different:		
Birth Date: mm/dd/yy		
Religion:		
Languages Spoken:		
Ethnicity		
Occupation & Employer		
Business phone:		
Sacraments Received:		
Baptism: Yes / No		date
1 st Communion	Yes / No	date
Confirmation	Yes / No	date

Member #5

First Full Name: Mr. Mrs. Ms. Miss Dr.
Middle Name:
Nickname/Name you go by:
Last Name if different:
Birth Date: mm/dd/yy
Religion:
Languages Spoken:
Ethnicity
Occupation & Employer
Business phone:
Sacraments Received:
Baptism: Yes / No date
1 st Communion Yes / No date
Confirmation Yes / No date

Member #7

First Full Name: Mr. Mrs. Ms. Miss Dr.
Middle Name:
Nickname/Name you go by:
Last Name if different:
Birth Date: mm/dd/yy
Religion:
Languages Spoken:
Ethnicity
Occupation & Employer
Business phone:
Sacraments Received:
Baptism: Yes / No date
1 st Communion Yes / No date
Confirmation Yes / No date

Member #6

First Full Name: Mr. Mrs. Ms. Miss Dr.
Middle Name:
Nickname/Name you go by:
Last Name if different:
Birth Date: mm/dd/yy
Religion:
Languages Spoken:
Ethnicity
Occupation & Employer
Business phone:
Sacraments Received:
Baptism: Yes / No date
1 st Communion Yes / No date
Confirmation Yes / No date

