

CHURCH REGISTRATION

DATE: _____

I am registering for: St. Lawrence _____ Sacred Heart _____ St. Mary's Mission _____

Mr. _____ DOB _____ Religion _____
first middle last

Work Ph: _____ Cell: _____ Email _____

Miss/Mrs. _____ DOB _____ Religion _____
first middle (maiden name) last

Work Ph: _____ Cell: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Married _____ Date: _____ Divorced _____ Single _____ Widowed _____

Married in Catholic Church ___ Non Catholic ___ Name of Church: _____

Address/City: _____ State: _____

Justice of Peace _____ Address/City: _____ State: _____

(child living at home under 18 years of age)

Name: _____ Birth Date/City/State: _____

Male ___ Female ___ Date of Baptism: _____ Place: _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

(child living at home under 18 years of age)

Name: _____ Birth Date/City/State: _____

Male ___ Female ___ Date of Baptism: _____ Place: _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

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Family of: _____

(child living at home under 18 years of age)

Name: _____ Birth Date/City/State: _____

Male ___ Female___ Date of Baptism: _____ Place: _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

(child living at home under 18 years of age)

Name: _____ Birth Date/City/State: _____

Male ___ Female___ Date of Baptism: _____ Place: _____

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(child living at home under 18 years of age)

Name: _____ Birth Date/City/State: _____

Male ___ Female___ Date of Baptism: _____ Place: _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

Are you transferring from another parish?

Former Parish Name _____

OUR WARMEST WELCOME!