



Parish Registration Form

(please print clearly)

FOR OFFICE USE ONLY
I.D. Envelope# _____
Entered by: _____ Date _____
Verified by: _____ Date _____
Mailed out temp. envelopes:
yes no
Entered in PDS system: yes no
Entered in steward soft system:
Yes no

HOUSEHOLD INFORMATION

Family Name: _____ Date: _____ Method of giving: Envelope user Online:
Last

Address: _____ City, State: _____ Zip code: _____

Home Phone: _____ Cell: _____ E-mail: _____

Primary Language: _____ Emergency Contact: Name: _____ Phone: _____

Marital Status: Single Married Divorced Widow (Please check box)

Head of Household: _____ Spouse: _____
First MI Last First MI Maiden

Date of Birth: _____ Date of Birth: _____
Month Day Year Month Day Year

Religion: _____ Occupation: _____ Religion: _____ Occupation: _____

Sacraments Information:

Baptism: _____ Church Name: _____ Baptism: _____ Church Name: _____
Month Day Year Month Day Year

Communion: _____ Church Name: _____ Communion: _____ Church Name _____
Month Day Year Month Day Year

Confirmation: _____ Church Name: _____ Confirmation: _____ Church Name: _____
Mth Day Year Month Da

