

Date Registered: \_\_\_\_\_

**SAINT MICHAEL THE ARCHANGEL CATHOLIC CHURCH**

DUID#: \_\_\_\_\_

Date Entered: \_\_\_\_\_

**PARISH REGISTRATION FORM**

New parishioner  Update/Change

*(Please Print)*

Mr./Mrs./Miss: \_\_\_\_\_

Dr. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 Code \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Spouse's Cell Phone Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you like to receive envelopes?  Yes  No Online Giving (EFT)?  Yes  No

Emergency Contact Person (3<sup>rd</sup> Party): \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Are you a Seasonal Resident? YES  Away from (month) \_\_\_\_\_ to \_\_\_\_\_ NO

Marital Status: Catholic Marriage Date: \_\_\_\_\_ Civil/Other Marriage Date: \_\_\_\_\_ Widowed: \_\_\_\_\_

Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

	Head of House	Spouse	Dependent Children/Adults living with you			
First Name (List last names if different)						
Gender (M or F)						
Birth Date						
Religion						
Special Needs						
Spoken Languages						
Occupation						
Baptism	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
First Communion	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Confirmation	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

**Please turn to the reverse side of this form and indicate where you would like to contribute your time and talent. →**

Completed Registration Form may be brought to the Parish Office, Mailed, or dropped into the Offertory Collection.