

Transfiguration of the Lord Parish Family Registration Form

-Please Print CLEARLY-

Enter Member Information for EACH person in the household (including Children)

Complete both sides of form

Household Information

Last Name: _____
Title: (*circle one*) Mr. and Mrs. Mr. Mrs. Ms. Dr. Other: _____
Suffix: (*circle one*) Sr. Jr. III IV Other: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Primary House Phone: (_____) _____ Unlisted: (*circle one*) Yes No
Do you wish to be included in our Parish Directory (*circle one*) Yes No

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Individual Member Information

Member Name: _____ Nickname: _____ Maiden Name: _____
Member Type (*circle one*) Head Spouse Adult Young Adult Child Other: _____
Marital Status: (*circle one*) Married Single Separated Single Parent Divorced Widow(er)
If applicable (Married by a Priest? Yes No)
Religion: Catholic Other: _____ Convert to Catholicism: Yes No
Gender: Male Female
Occupation: _____ Place of Employment: _____
Member Phone: (_____) _____ (type (*circle one*) Work Cell Other)
Date of Birth: _____/_____/_____ (MM/DD/YY)
Email: _____
Sacraments Received: _____ Mass Preference: 4:00pm 9:00am 11:00am
Baptism: Yes No Ministry Involvement: Lector Extraordinary Minister
First Communion: Yes No Usher Greeter Musician
Confirmation: Yes No Hospitality Other: _____
Previous Parish Affiliation: Raphael Cabrini Thomas Other: _____

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If applicable (Married by a Priest? Yes No)
Religion: Catholic Other: _____ Convert to Catholicism: Yes No
Gender: Male Female
Occupation: _____ Place of Employment: _____
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-OVER-

WOULD YOU LIKE TO RECEIVE WEEKLY CONTRIBUTION ENVELOPES: YES NO

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Religion: Catholic Other: _____ Convert to Catholicism: Yes No
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Previous Parish Affiliation: Raphael Cabrini Thomas Other: _____

For additional members please attach another registration form

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What can we do to improve our ministry for you or your family?

Would you be interested in serving in a ministry at Transfiguration of the Lord Parish?

Comments?

Thank You!