



Envelope Number _____

Date Registered _____

Welcome to Lumen Christi Parish! In an effort to better serve your spiritual needs, please tell us about you and your family.

HEAD OF HOUSEHOLD INFORMATION

SALUTATION:

Miss Mr Mrs Ms M/M Dr Dr & Mrs Mr & Dr D/D _____
 (Circle One) (First, Middle, Last)

GOES BY: _____
 (If Different)

MAIDEN NAME: _____
 (If Applicable)

HOW DO YOU LIKE YOUR MAIL ADDRESSED?: Miss Mr Mrs Ms M/M Dr Dr & Mrs Mr & Dr D/D
 (Circle One)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREFERRED CONTACT PHONE NUMBER (_____) _____ Listed Unlisted

HOME NUMBER (_____) _____ Listed Unlisted

BUSINESS PHONE NUMBER: (_____) _____ Listed Unlisted

CELL PHONE NUMBER: (_____) _____ Personal Business

EMAIL: _____ Personal Business

I wish to receive the Parish email updates (Flocknote) _____ Yes _____ No

DATE OF BIRTH: (MM/DD/YEAR) ____/____/____ **FORMER PARISH:** _____

MARITAL STATUS:

Catholic Church Marriage Married (Outside of Catholic Church) Single Separated Divorced Widowed

GENDER: Male Female **RELIGION:** _____

OCCUPATION: _____ **EMPLOYER NAME:** _____

HIGHEST GRADE/DEGREE COMPLETED: _____

Sacrament	YES	NO	Parish	City & State
Baptism				
Communion				
Confirmation				
Marriage			Date:	



SPOUSE INFORMATION

SALUTATION:

Miss Mr Mrs. Ms M/M Dr Dr & Mrs Mr & Dr D/D _____
 (Circle One) (First, Middle, Last)

GOES BY: _____
 (If Different)

MAIDEN NAME: _____
 (If Applicable)

HOW DO YOU LIKE YOUR MAIL ADDRESSED?: Miss Mr Mrs Ms M/M Dr Dr & Mrs Mr & Dr D/D
 (Circle One)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREFERRED CONTACT PHONE NUMBER (____) _____ Listed Unlisted

HOME NUMBER (____) _____ Listed Unlisted

BUSINESS PHONE NUMBER: (____) _____ Listed Unlisted

CELL PHONE NUMBER: (____) _____ Personal Business

EMAIL: _____ Personal Business

I wish to receive the Parish email updates (Flocknote) _____ **Yes** _____ **No**

DATE OF BIRTH: (MM/DD/YEAR) ____/____/____

MARITAL STATUS:

Catholic Church Marriage Married (Outside of Catholic Church) Single Separated Divorced Widowed

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OCCUPATION: _____ **EMPLOYER NAME:** _____

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Sacrament	YES	NO	Parish	City & State
Baptism				
Communion				
Confirmation				
Marriage			Date:	

____ Yes! Please contact us about sharing our time and talents with Lumen Christi.