



Parishioner Registration Form

Date Registered _____

Heads of Household Member Information

Member Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Gender: M F

Religion: _____

Work Phone _____

Occupation: _____ Employer: _____

Baptized: Yes No 1st Communion: Yes No Confirmed: Yes No

Marital Status: Single Married

Member Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Gender: M F

Religion: _____

Work Phone _____

Occupation: _____ Employer: _____

Baptized: Yes No 1st Communion: Yes No Confirmed: Yes No

Marital Status: Single Married

Marriage Date: _____ Place: _____

Address Information

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Children at Home

| Name | M/F | Birth Date | Grade/School | Baptism | Communion | Confirmation |
|------|-----|------------|--------------|--|--|--|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Would you like to receive The Catholic Herald newspaper? Yes (circle one **-paper copy** or online via **email**) N

For Office Use Only:
 CMS PS Catholic Herald OSV BTN PK Call Packet Directory