

OFFICE USE ONLY: Last Name: _____ Envelope # _____ Registration Date: _____

Active: _____ Sacramental Only: _____

Saint James the Just Parish Registration Form

495 N Harrison Blvd., Ogden, UT 84404

801-782-5393

Please print:

FAMILY LAST NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____

Please send offertory envelopes: ___ Yes ___ No (Online giving is available)

Would you like to receive the Intermountain Catholic newspaper? ___ Yes ___ No

Name: _____

Maiden Name: _____ Date of birth: _____

___ Husband ___ Wife ___ Head of household _____ Other

Religion: _____ Baptism Date: _____

Name of Church where you were **Baptized** _____

City and State _____

Have you received your **First Holy Communion**? ___ Yes ___ No

Have you been **Confirmed**? ___ Yes ___ No

Date of marriage _____

Were you married in a Catholic Church? ___ Yes ___ No

Name of Parish where you were married _____

City and State _____

Name: _____

Maiden Name: _____ Date of birth: _____

___ Husband ___ Wife ___ Head of household _____ Other

Religion: _____ Baptism Date: _____

Name of Church where you were **Baptized** _____

City and State _____

Have you received your **First Holy Communion**? ___ Yes ___ No

Have you been **Confirmed**? ___ Yes ___ No

Children:

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No

Name: _____ Date of Birth _____
____ Daughter ____ Son _____ Other
Religion: _____ Baptism Date: _____
Name of Church where you were **Baptized** _____
City and State _____
Have you received your **First Holy Communion**? ____ Yes ____ No
Have you been **Confirmed**? ____ Yes ____ No