

CHURCH OF THE RESURRECTION PARISH REGISTRATION FORM

OFFICE USE ONLY

Database _____

Diocese _____

Envelopes _____

So that we can better provide for your needs, we ask that you fill out the following information. This information will be kept in the parish office for use by parish office staff only. Thank you.

Today's Date _____

Mr. _____
 Mrs. _____
 Ms. _____ Catholic? _____ Date of Birth _____
 If applicable, please note your country of origin _____
 Do you speak any other languages? If yes, which _____
 Please circle if you are: Single Married Widowed Divorced

Place of employment _____ Telephone _____

Work email _____

Mr. _____
 Mrs. _____
 Ms. _____ Catholic? _____ Date of Birth _____
 If applicable, please note your country of origin _____
 Do you speak any other languages? If yes, which _____
 Please circle if you are: Single Married Widowed Divorced

Place of employment _____ Telephone _____

Work email _____

Home Address: _____ Apt # _____
 City: _____ State: _____ Zip Code _____

Home Telephone _____

Home Email _____

Children who live at home	1	2	3
Name	_____	_____	_____
Sex	_____	_____	_____
Birthdate	_____	_____	_____
Grade	_____	_____	_____
Baptism	_____	_____	_____
1st Communion	_____	_____	_____
Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____