



For Office Use
ENV _____
DUID _____

Parish Registration Form

Are you currently registered with another Parish? N Y, Parish Name: _____

Parish City: _____ State: _____

Will you be enrolling in online giving? Y N Would you like to receive contribution envelopes? Y N

Do we have permission to publish the following information within the Parish? Photo Email Phone Number Address

Head of Household

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Maiden Name (if applicable): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: Single Civil Marriage Catholic Marriage Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Sacrament Parish Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Race and Hispanic Origin Codes: AA: American Indian and Alaska Native, A: Asian, B: Black, N: Native Hawaiian or Other Pacific Islander, T: Two or More Races, HL: Hispanic or Latino, W: White

Language: S: Spanish E: English V: Vietnamese K: Korean O: Other (specify)

Disability: B: Legally Blind D: Developmentally Disabled H: Hearing Impaired P: Physically Disabled S: Shut-in O: Other (specify)

Spouse / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Maiden Name (if applicable): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: Single Civil Marriage Catholic Marriage Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Sacrament Parish Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Signature of the person completing the form: _____ Date: _____

Last Name:

Child 1 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 2 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 3 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 4 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____