

Parish Registration Form

Name: _____

(First)

(Middle)

(Last)

Date of Birth: _____ Phone # _____

Name of Spouse: _____

(First)

(Middle)

(Last)

Date of Birth: _____ Phone # _____

Mailing Address: _____

Email Address: _____

Are you validly married in the Catholic Church? Yes _____ No _____

Name of Church and City where you were married: _____

Date of Marriage: _____

Please list children currently living at home:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Sacrament Information

Husband:

Baptism: Date _____ Church and City _____

Eucharist: Date _____ Church and City _____

Confirmation: Date _____ Church and City _____

If Convert, name of previous Church: _____

Wife:

Baptism: Date _____ Church and City _____

Eucharist: Date _____ Church and City _____

Confirmation: Date _____ Church and City _____

If Convert, name of previous Church: _____

Child:

Baptism: Date _____ Church and City _____

Eucharist: Date _____ Church and City _____

Confirmation: Date _____ Church and City _____

Child:

Baptism: Date _____ Church and City _____

Eucharist: Date _____ Church and City _____

Confirmation: Date _____ Church and City _____

Child:

Baptism: Date _____ Church and City _____

Eucharist: Date _____ Church and City _____

Confirmation: Date _____ Church and City _____