

SAINT FRANCIS OF ASSISI NEW PARISHIONER REGISTRATION

FOR OFFICE USE ONLY: Parish ID# _____ Registration Date: _____

Are you interested in our Ministries or do you have talents you would like to share _____

Family Name & Address	Family Name: _____ Language spoken at home _____ Street Address: _____ Apt # _____ City/State : _____ Zip Code _____ Primary Contact's Email: _____ Primary Contact's Cell Phone (____) _____ Home Phone (____) _____
Member-1	Last Name _____ First Name _____ Title _____ (maiden name if applicable) Date of Birth _____ Grade/Degree Completed _____ Occupation _____ Best Contact Phone: _____ Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> First Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/> Baptism: if not in the Catholic Church, specify denomination _____ Present Religion: _____ Frequency of Mass Attendance: ___Daily ___Weekly ___Monthly ___Holydays Receives Communion: ___Frequently ___Infrequently ___Christmas/Easter only
Member-2	Last Name _____ First Name _____ Title _____ (maiden name if applicable) Date of Birth _____ Grade/Degree Completed _____ Occupation _____ Best Contact Phone: _____ Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> First Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/> Baptism: if not in the Catholic Church, specify denomination _____ Present Religion: _____ Frequency of Mass Attendance: ___Daily ___Weekly ___Monthly ___Holydays Receives Communion: ___Frequently ___Infrequently ___Christmas/Easter only
Marriage Info <small>(Please be specific)</small>	Marital Status: ___Single ___Married ___Divorced ___Separated ___Widowed ___Annulment If married, were you married in a Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Marriage Date : _____ Place of Marriage: _____ Were you married by a Roman Catholic Priest: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please provide details: _____ _____ _____ _____

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Children Living At Home (Under the age of 25)

Please note: Adult children 25 years of age or older should register separately

Child-1 (Under the age of 25)	1. Name _____ Age _____ Date of Birth _____ School _____ Grade _____ Occupation _____ <div style="text-align: right; font-size: small;">(if young adult)</div>	
<u>Sacraments received:</u> Baptism: Y <input type="checkbox"/> N <input type="checkbox"/> First Eucharist: Y <input type="checkbox"/> N <input type="checkbox"/> Confirmation: Y <input type="checkbox"/> N <input type="checkbox"/> Baptism; if not in the Catholic Church, specify denomination _____		
Child-2 (Under the age of 25)	2. Name _____ Age _____ Date of Birth _____ School _____ Grade _____ Occupation _____ <div style="text-align: right; font-size: small;">(if young adult)</div>	
<u>Sacraments received:</u> Baptism: Y <input type="checkbox"/> N <input type="checkbox"/> First Eucharist: Y <input type="checkbox"/> N <input type="checkbox"/> Confirmation: Y <input type="checkbox"/> N <input type="checkbox"/> Baptism; if not in the Catholic Church, specify denomination _____		
Child-3 (Under the age of 25)	3. Name _____ Age _____ Date of Birth _____ School _____ Grade _____ Occupation _____ <div style="text-align: right; font-size: small;">(if young adult)</div>	
<u>Sacraments received:</u> Baptism: Y <input type="checkbox"/> N <input type="checkbox"/> First Eucharist: Y <input type="checkbox"/> N <input type="checkbox"/> Confirmation: Y <input type="checkbox"/> N <input type="checkbox"/> Baptism; if not in the Catholic Church, specify denomination _____		
Child-4 (Under the age of 25)	4. Name _____ Age _____ Date of Birth _____ School _____ Grade _____ Occupation _____ <div style="text-align: right; font-size: small;">(if young adult)</div>	
<u>Sacraments received:</u> Baptism: Y <input type="checkbox"/> N <input type="checkbox"/> First Eucharist: Y <input type="checkbox"/> N <input type="checkbox"/> Confirmation: Y <input type="checkbox"/> N <input type="checkbox"/> Baptism; if not in the Catholic Church, specify denomination _____		
Parish Giving	<input type="checkbox"/> I prefer to receive Envelopes to make my parish contributions.	<input type="checkbox"/> I prefer to make my parish contributions electronically.

If you have any questions or concerns, please contact the Rectory 610-543-0848.