Registration Form **PARISH:**

Last Name_____ Street Address_____

Mailing Address (if Different)_____ City, State, Zip_____

Home Telephone_____ Work Phone_____

Cellular_____ Email Address_____

Marital Status (circle one) Single Married Divorced Separated Widow Cohabitating

Married in the Catholic Church: __ Yes __ No

Marriage Date: _____ Place(church) of Marriage: _____
Name City State

Fill out for each member of the household:

First Name Middle Last	Gender	Birth date	Religion	Baptized	1st Communion	Confirmation	Employer/school