

PARISH REGISTRATION FORM

DATE: _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Widowed _____

PARISH: St. Joseph's _____ St. Mary's _____ St. Peter's _____

MAN'S/HUSBAND'S NAME: _____

WOMAN'S/WIFE'S FIRST NAME: _____

(List if last name different than husband's) _____

FULL NAME'S _____

MAILING ADDRES: _____

City _____ State _____ Zip _____

Street /Resident Address: _____

HOME PHONE NUMBER: _____

Cell Number's Husband: _____ Wife: _____

RELIGION – HUSBAND/MAN _____ WIFE/WOMAN: _____

CHILDREN NAME	DATE OF BIRTH	SACRAMENTS RECEIVED		
		BAPT.	COMM.	CONFIRM.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(use back side for information on additional children)