

SAINT FRANCIS OF ASSISI CATHOLIC CHURCH

Date: _____

NEW PARISHIONER REGISTRATION

General Information

Title (circle one) Mr. & Mrs. Mr. Ms. Miss Family Last Name _____

Street Address _____ Apt # _____ City _____ Zip Code _____

Home Phone _____ Do you want your Church mail (circle one) English Spanish

How long have you attended St. Francis Parish? _____

Marital Status (circle one) Catholic Marriage Married Single Separated Divorced Widowed

Would you like to receive parish contribution envelopes each month? Yes ☺ No ☹

Head of Household Information

Spouse Information

First Name _____

First Name _____

Religion _____

Last/Maiden Name _____

Religion _____

Language Spoken at Home _____

Language Spoken at Home _____

Occupation _____

Occupation _____

Date of Birth _____

Date of Birth _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

e-mail _____

e-mail _____

Check the Sacraments you have received:

Baptism Holy Communion Confirmation

Catholic Marriage

Check the Sacraments you have received:

Baptism Holy Communion Confirmation

Catholic Marriage

Children's Information

| Child's First and Last Name | Name of Child's School | Male (M) Female (F) | Age | Date of Birth | Primary Language Spoken at home | Sacraments received (Enter number only) 1-Baptism 2-Holy Communion 3-Confirmation 4-Catholic Marriage |
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Please return this Registration Form to (1) Parish Center (2) Hospitality Center (3) Collection Basket or (4) Mail