



SAINT PATRICK

CATHOLIC CHURCH OF MERNA

OFFICE USE ONLY:

Envelop # _____

Registration Date: _____

NEW PARISHIONER REGISTRATION FORM

(CIRCLE ONE) MISS MS MR MRS DR
MR/MRS DR/MRS MR/DR DR/DR

LAST NAME: _____ FIRST NAME: _____ SPOUSE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: _____

WORK # husband: _____ WORK # wife: _____ CELL # husband: _____ CELL # wife: _____

MARITAL STATUS: (CIRCLE ONE) CATHOLIC MARRIAGE MARRIED ENGAGED SINGLE WIDOWED SEPARATED DIVORCED

DATE MARRIED ___/___/___ CHURCH _____ CITY & STATE _____ Received a parish ministry handbook: YES / NO

Please Print	HEAD	SPOUSE	OTHER/CHILD	CHILD	CHILD	CHILD	CHILD
FIRST NAME							
PREFERRED NAME							
LAST NAME/ MAIDEN NAME							
E-MAIL							
DISABILITY							
RELIGION							
LANGUAGE SPOKEN							
OCCUPATION/PLACE OF EMPLOYMENT							
SCHOOLING							
SEX (Circle one)	M / F	M / F	M / F	M / F	M / F	M / F	M / F
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /	/ /
BAPTIZED (Y or N)							
1 ST RECONCILIATION (Y or N)							
1 ST COMMUNION (Y or N)							
CONFIRMATION (Y or N)							