

ST. ANNE CATHOLIC CHURCH

PARISH REGISTRATION FORM

Date ____ / ____ / ____ Family Name _____
 Mailing Address _____ Home Phone () _____
 City / State _____ Zip _____ Cell Phone () _____
 E-mail _____ Languages spoken in the home _____

- Church Married (Married by a Catholic Priest, Deacon OR having received dispensation by another minister) Date: ____ / ____ / ____
- Married (Catholics married by a minister but without dispensation) Date: ____ / ____ / ____
- Civil Marriage (Married by a civil official: judge, notary, etc.) Date: ____ / ____ / ____
- Living together without being married Single (Never married)
- Divorced Separated Widowed

Ethnicity Afro-American Asian Filipino German Hispanic Irish Italian Lebanese Vietnamese
 White Other Prefer not to say

Head of Household	Date of Birth	Gender	Religion	Baptism	1st Comm.	Confirmed	Occupation
	/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Spouse

	/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Name of children

living with you	Date of Birth	Gender	Religion	Baptism	1st Comm.	Confirmed	Grade
	/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of others

Date of Birth	Gender	Religion	Baptism	1st Comm.	Confirmed	Relationship
/ /	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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