

Date Registered: _____
 Envelope Number: _____
 Salutation Preference: Mr./Mrs./Miss/Ms.

All Saints Catholic Parish – Registration Form

_____ Family Last Name _____ Home Mailing Address _____ City / Zip Code

_____ Primary Family Phone Welcome Visit Yes/No Catholic Herald Yes/No

_____ Bulletin Welcome Yes/No **Special Needs – indicate on other side**

	Head of House	Spouse	1 st Child (living in household)		2 nd Child (living in household)		3 rd Child (living in household)		Other (living in household)	
First Name										
Nickname										
Last Name (Maiden)										
Email address										
Cell Phone										
Gender	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M
Birthdate (m/d/y)										
Marital Status										
Religion										
Current Grade / Current School			Grade	School	Grade	School	Grade	School	Grade	School
Highest Grade Completed										
Post High School Education										
Main Language(s)										
Other Language(s)										
Occupation										
Baptism Church/Date										
First Communion Church/Date										
Confirmation Church/Date										
Catholic Marriage Church	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date	Date					<input type="checkbox"/> Y <input type="checkbox"/> N	Date

