

# St. Paul and St. Ann's Parish

## Parish Registration Form

Date \_\_\_\_\_

Env # \_\_\_\_\_

<b>Primary Registrant Last Name:</b>		<b>Primary Registrant First Name:</b>		<b>M. I.</b>	<b>Date Of Birth:</b>	<b>Male</b> <input type="checkbox"/>
						<b>Female</b> <input type="checkbox"/>
<b>Cell Phone:</b>		<b>Email:</b>	<b>Primary Language:</b>		<b>Occupation:</b>	
<b>Work Phone:</b>						
<b>Religion:</b>	<b>Sacraments Received:</b>		<b>Marital Status:</b>			
	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Eucharist	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Married Date: _____ <input type="checkbox"/> In the Catholic Church			

<b>Other Head of House Last Name:</b>		<b>First Name:</b>		<b>M. I.</b>	<b>Date Of Birth:</b>	<b>Male</b> <input type="checkbox"/>
						<b>Female</b> <input type="checkbox"/>
<b>Cell Phone:</b>		<b>Email:</b>	<b>Primary Language:</b>		<b>Occupation:</b>	
<b>Work Phone:</b>						
<b>Religion:</b>	<b>Sacraments Received:</b>		<b>Maiden Name (if applicable):</b>			
	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Eucharist				
	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Confirmation				

### Household Information

<b>Address:</b>			<b>Home Phone:</b>	
<b>City:</b>	<b>Zip</b>	<b>Ethnic Background:</b>		<b>Language Spoken in Home:</b>
		<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		Primary: Secondary:

### Please Contact Me...

- Address and/or telephone number unlisted \_\_\_\_\_
- I am interested in becoming more involved \_\_\_\_\_
- I am interested in electronic fund transfer (EFT) as a means of making my donation \_\_\_\_\_
- I would like a pastoral call \_\_\_\_\_

**Additional Comments, feedback or Requests:** \_\_\_\_\_

\_\_\_\_\_

**Additional Other In-House Dependents (minors under the age of 18): Other residents are encouraged to register separately**

<b>Last Name:</b>	<b>First Name:</b>	<b>M. I.</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Date of Birth:</b>
<b>Father's Name:</b>	<b>Mother's Name:</b>	<b>Relationship:</b>		<b>School and Grade:</b>
<b>Sacraments Received:</b>				
<input type="checkbox"/> Baptism - Parish _____ Date _____ City _____		<input type="checkbox"/> First Eucharist - Parish _____ Date _____ City _____		
<input type="checkbox"/> Reconciliation - Parish _____ Date _____ City _____		<input type="checkbox"/> Confirmation - Parish _____ Date _____ City _____		

<b>Last Name:</b>	<b>First Name:</b>	<b>M. I.</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Date of Birth:</b>
<b>Father's Name:</b>	<b>Mother's Name:</b>	<b>Relationship:</b>		<b>School and Grade:</b>
<b>Sacraments Received:</b>				
<input type="checkbox"/> Baptism - Parish _____ Date _____ City _____		<input type="checkbox"/> First Eucharist - Parish _____ Date _____ City _____		
<input type="checkbox"/> Reconciliation - Parish _____ Date _____ City _____		<input type="checkbox"/> Confirmation - Parish _____ Date _____ City _____		

<b>Last Name:</b>	<b>First Name:</b>	<b>M. I.</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Date of Birth:</b>
<b>Father's Name:</b>	<b>Mother's Name:</b>	<b>Relationship:</b>		<b>School and Grade:</b>
<b>Sacraments Received:</b>				
<input type="checkbox"/> Baptism - Parish _____ Date _____ City _____		<input type="checkbox"/> First Eucharist - Parish _____ Date _____ City _____		
<input type="checkbox"/> Reconciliation - Parish _____ Date _____ City _____		<input type="checkbox"/> Confirmation - Parish _____ Date _____ City _____		