

ST. EDITH PARISH REGISTRATION FORM

Registration Date: _____

Family Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ E-mail: _____

Permission to publish telephone, address and e-mail in Parish Directory:

Phone: Yes No

Address: Yes No

E-mail: Yes No

Permission to publish picture(s) on parish website and/or bulletin: Yes No

HUSBAND (or Single Male)

Name: _____
(First) (Middle) (Last, if different)

Date of Birth: _____ (mm/dd/yyyy)

Catholic: Yes No If no, what religion? _____

Baptized: Yes No First Communion: Yes No Confirmed: Yes No

RCIA: Yes No If yes, what church? _____

Marital Status: Single Married Widowed Divorced

Marriage Date: _____ Priest or Deacon: _____

Church: _____ Other: _____

City, State: _____

Occupation: _____ Work Phone: _____

WIFE (or Single Female)

Name: _____
(First) (Middle) (Last, if different)

Date of Birth: _____ (mm/dd/yyyy)

Catholic: Yes No If no, what religion? _____

Baptized: Yes No First Communion: Yes No Confirmed: Yes No

RCIA: Yes No If yes, what church? _____

Maiden Name: _____ Widowed Divorced

Marriage Date: _____ Priest or Deacon: _____

Church: _____ Other: _____

City, State: _____

Occupation: _____ Work Phone: _____

PLEASE SEE PAGE 2 FOR ADDITIONAL INFORMATION

ST. EDITH PARISH REGISTRATION FORM – Page 2

PLEASE LIST ALL DEPENDENT CHILDREN

Full Name	Child 1	Child 2	Child 3	Child 4
First:				
Middle:				
Last:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:				
Baptism:				
Church:				
City, State:				
Date (if known):				
First Communion:				
Church:				
City, State:				
Date (if known):				
Confirmation:				
Church:				
City, State:				
Date (if known):				

FOR OFFICE USE ONLY

Envelope Number

Roster

Database

File Card

Newcomer's Packet
