

CHRIST OUR SAVIOR CATHOLIC PARISH

OFFICE USE ONLY

REGISTRATION FORM
Please PRINT all information IN INK

ENVELOPE

REGISTRATION
DATE

____/____/____

FAMILY NAME _____
LAST
HEAD OF HOUSEHOLD
SPOUSE

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ UNLISTED: Yes / No CELL PHONE _____ E-MAIL ADDRESS _____

First & Last Name	Marital Status	Religion	Occupation	Business Phone	Date of Birth	Baptised Yes/No	1st Comuni3n Yes/No	Confirmed Yes/No	Date of Marriage
(Head of Household include Mr., Mrs., Ms.)									
(Include Spouses' Maiden Name if applicable)									
Children Living at Home									
			Name of School or Occupation	(Grade)					
Relatives Living in Home & Relationship									

Were you married through the Catholic Church? _____

If you were not married through the Catholic Church would you like to talk to a priest about blessing your marriage? _____

Would you like to be involved in Parish Ministry? _____ Please indicate which ministries _____