



# Christ Our Savior Catholic Parish

2000 W Alton Ave, Santa Ana, CA 92704

**REGISTRATION FORM PLEASE PRINT ALL INFORMATION IN INK**

<b>OFFICE USE ONLY</b> ENVELOPE ID # _____ REGISTRATION DATE ____/____/202__ INITIALS _____
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**Family Name** \_\_\_\_\_  
Last Name of Head of Household Spouse

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Mr. / Mrs./Ms. /Miss	First & Last Name	Marital Status	Religion	Relationship to Head of Household	Occupation	Date of Birth	Baptism	First Communion	Confirmation	Sacrament of Marriage
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
Mr. / Mrs./Ms. /Miss	Children Living at Home	Marital Status	Religion	Relationship to Head of Household	Name of School/Occupation	Date of Birth	Baptism	First Communion	Confirmation	Sacrament of Marriage
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
Mr. / Mrs./Ms. /Miss	Relatives Living at Home	Marital Status	Religion	Relationship to Head of Household	Occupation	Date of Birth	Baptism	First Communion	Confirmation	Sacrament of Marriage
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No

Were you married through the Catholic Church? Yes No

If you were NOT married through the Catholic Church would you like to talk to a priest about blessing your marriage? Yes No

Do you wish to receive Sunday Envelopes? Yes No Prefer Language: English Spanish Vietnamese

Would you like to be involved in a Parish Ministry? Yes No Please indicate which ministries? \_\_\_\_\_