Christ Our Savior Catholic Parish

2000 W Alton Ave, Santa Ana, CA 92704

OFFICE USE ONLY
Initials _____
REGISTRATION DATE ____/_____/202__
ENVELOPE ID #_____

REGISTRATION FORM PLEASE PRINT ALL INFORMATION IN INK

Family Name_____
Last — Name of Head of Household — Spouse

Address_____ City_____ Zip Code _____

Husband Cell Number_____ Wife 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?** _____