

Parish Registration Form

Mr. Mrs. Ms. Miss

Last Name: _____ First Name: _____

Marital Status: _____

Mr. Mrs. Ms. Miss

Last Name: _____ First Name: _____

Age Range: 20 – 35 35-50 51-65 over 65

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Languages Spoken: _____

Do you wish to receive an Auto Credit/Debit Application Form via email: Yes

Parish donation envelopes are available for pick up from the parish office.
Receipts for tax purposes are issued for donations exceeding twenty dollars.

Children (if still in household):

Name: _____ Birthdate: _____

School: _____ Grade: _____

Name: _____ Birthdate: _____

School: _____ Grade: _____

Name: _____ Birthdate: _____

School: _____ Grade: _____

Comments/Questions: *Please use other side for additional space if required.*