

## Church of Saint Elizabeth Parish Registration Form

(Please print clearly and complete all questions)

All information provided on this form will be kept confidential.

Family's Last Name: \_\_\_\_\_

How should mail be addressed to your home? *Please circle one:*

Mr. & Mrs.    Dr. & Mrs.    Mr. & Dr.    Dr. & Dr.    Mrs.    Mr.    Ms.    Miss

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Is your phone number unlisted? Yes / No

E-mail Address \_\_\_\_\_ How long have you attended mass at St. E's? \_\_\_\_\_

**Marital Status: *Please circle one:***    Single    Married    Widowed    Divorced

Date of Marriage \_\_\_\_\_ What Church were you married in? \_\_\_\_\_

City, State \_\_\_\_\_ Maiden Name \_\_\_\_\_

Is your marriage recognized by the church? Yes / No

Does anyone in your household have a disability or special circumstance you would like us to know about? Yes / No

If yes, please specify: \_\_\_\_\_ What is the person's name? \_\_\_\_\_

Relationship to the family? \_\_\_\_\_

Please Complete with everyone living in your household	Husband	Wife	Child	Child	Child/Other
<b>Last Name</b>					
<b>First Name</b>					
<b>Middle Name</b>					
<b>Gender</b>					
<b>Birth Date</b>					
<b>Cell Phone</b>					
<b>Religion</b>					
<b>Baptized</b>					
<b>Church</b>					
<b>City, State</b>					
<b>1<sup>st</sup> Communion</b>					
<b>Church</b>					
<b>City, State</b>					
<b>Confirmation</b>					
<b>Church</b>					
<b>City, State</b>					
Language spoken other than English					
<b>Occupation</b>					
<b>Employer</b>					
<b>School / Grade</b>					

Please use the other side for more children/others living in your household.

**For office use only:** Env. # \_\_\_\_\_ Date \_\_\_\_\_

P.S. / D.P. Card/ Letter