

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
Last Name					
First Name					
Middle Name					
Gender					
Birth Date					
Cell Phone					
Religion					
Baptized					
Church					
City, State					
1st Communion					
Church					
City, State					
Confirmation					
Church					
City, State					
Language spoken other than English					
Occupation					
Employer					
School / Grade					

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