ST. ANGELA MERICI PARISH REGISTRATION FORM

FAMILY INFORMATION

Family Last Name:	Envelope #:	Today's Date:
Mailing Address:	City / State / Zip:	
Primary Phone:	Primary Email:	

HEAD OF HOUSEHOLD: SPOUSE:

Last name:	First name, MI:	Retired?	Homebound?	Last name:	First name, MI:	Retired?	Homebound?
Date of Birth:		☐ Yes ☐ No	☐ Yes ☐ No	Date of Birth:		☐ Yes ☐ No	☐ Yes ☐ No
Occupation:	Company:			Occupation:	Company:		
Cell phone:	E-mail:			Cell phone:	E-mail:		
Baptized? ☐ Yes ☐ No	First Communion? ☐ Yes ☐ No	Confirmation? ☐ Yes ☐ No		Baptized? ☐ Yes ☐ No	First Communion? ☐ Yes ☐ No	Confirmation? ☐ Yes ☐ No	
Church:	Church:	Church:		Church:	Church:	Church:	

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced	If married, date of marriage:
Maiden Name:	Church and Location of Marriage:

Check the following if apply:

☐ We were married in the Catholic Church

☐ We would like to get our marriage blessed by the Church ☐ I would like information on an Annulment

How do you prefer to be contacted? Home Phone ☐ Cell Phone ☐ Email ☐

I would like information about: (Check all that apply)

- ☐ Becoming Catholic
- ☐ Adult Confirmation
- ☐ Getting Married in the Church
- ☐ Adult Faith Formation
- ☐ Children's Religious Education
- ☐ Sacraments
- ☐ Online Giving
- ☐ Getting Involved with the Parish

Does anyone in your household have a special need / disability or an infirmity that keeps them homebound or in a care facility that you would like us to know about? ☐ Yes ☐ No ☐ Homebound ☐ Care Facility

If so, would this family member like to receive communion? ☐ Yes ☐ No

Name _____Care Facility_____

I/We no longer attend St. Angela Merici Parish. Please remove me/us from your parishioner list. ☐

Please complete for children living at home **(Under 18 years old)**

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
1.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship:	Place of Birth:	Religion:	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
2.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship:	Place of Birth:	Religion:	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
3.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship:	Place of Birth:	Religion:	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
4.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship:	Place of Birth:	Religion:	Church:	Church:	Church:

First, MI, Last Name	Date of Birth	School Attending / Grade	Baptized	First Communion	Confirmation
5.			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship:	Place of Birth:	Religion:	Church:	Church:	Church:

Please list names of adult children living at home. **(18 years and older)**
Please note: An adult child should be listed as their own member, and should also fill out their own registration form if wanting to be a member of St. Angela Merici Parish.

Name:	Name:
Name:	Name: