

SAINT ANN PARISH REGISTRATION FORM

New Registration Add or Change Information Remove from Parish Records
Envelope Number: _____ Registration Date: _____

Head of Household Information:

Mr. Ms. Miss Mr. & Mrs.
 Married Single Widowed Divorced Annulled Separated Remarried

Last Name: _____ First Name: _____ Suffix: _____

Maiden Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Occupation: _____ Employer: _____

Talents or Expertise You Are Willing to Share: _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Spouse Information

Mr. Ms. Miss Mr. & Mrs.
 Married Single Widowed Divorced Annulled Separated Remarried

Last Name: _____ First Name: _____ Suffix: _____

Maiden Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Occupation: _____ Employer: _____

Talents or Expertise You Are Willing to Share: _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Church Attendance

Head of Household: Regular Attendance Occasional Attendance Does Not Attend

Spouse: Regular Attendance Occasional Attendance Does Not Attend

Are there any special needs in household? _____

Other Members of Household

Last Name: _____ First Name: _____ Suffix: _____

Relationship: Son Daughter _____ School Attending: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____

Relationship: Son Daughter _____ School Attending: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____

Relationship: Son Daughter _____ School Attending: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____

Relationship: Son Daughter _____ School Attending: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____

Relationship: Son Daughter _____ School Attending: _____

Date of Birth: ____/____/____ Catholic: Yes No _____

Baptism Yes Date if Known: _____ Church: _____

1st Communion Yes Date if Known: _____ Church: _____

Confirmation Yes Date if Known: _____ Church: _____

Marriage Yes Date: _____ Church: _____
