

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. Dr. Mrs. Mr. Ms. Miss

Address _____ Apt# _____ City _____ Zip _____

Best Phone Number _____ 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.	Adult of the House	2 nd Adult	Child	Child	Child/Other
Last Name					
First Name					
Middle Name					
Gender					
Birth Date					
Cell Phone					
Religion					
Baptized	Y/N	Y/N	Y/N	Y/N	Y/N
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. / Letter