

## 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 <sup>nd</sup> 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					
1 <sup>st</sup> 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

Forms can be emailed to Lisa@saintelizabeths.org or dropped off at the Parish Center.