

Parish Registration

Please fill in as completely as possible and return in the Offertory Basket or Black Mailbox by Office door.

Mr./Mrs/Miss/Dr. _____

Name you prefer to be addressed by: _____

Street Address _____

Mailing Address _____

E-mail Address _____

Home phone () _____ Cell Phone () _____

Birthdate _____

Occupation _____

Employer _____

Telephone Number () _____

Religion _____

Baptism: ____/____/____ Name of Church, City & State: _____

First Communion: ____/____/____ Name of Church, City & State: _____

Confirmation: ____/____/____ Name of Church, City & State: _____

Marriage: ____/____/____ Name of Church, City & State: _____

Ministry Involvement: Traditional Choir Folk Choir Visit Homebound & Shut Ins
 Lector Rel. Ed. Teacher Knights of Columbus
 Cursillo & Ultreya Meals on Wheels Parish Council of Catholic Women
 Helping Hands Society Sacred Heart Angels Extraordinary Minister of Holy Communion
 Prison Ministry

Spouse _____

Name you prefer to be addressed by: _____

Street Address _____

Mailing Address _____

E-mail Address _____

Home phone () _____ Cell Phone () _____

Birthdate _____

Occupation _____

Employer _____

Telephone Number () _____

Religion _____

Baptism: ____/____/____ Name of Church, City & State: _____

First Communion: ____/____/____ Name of Church, City & State: _____

Confirmation: ____/____/____ Name of Church, City & State: _____

Marriage: ____/____/____ Name of Church, City & State: _____

Ministry Involvement: Traditional Choir Folk Choir Visit Homebound & Shut Ins
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 Helping Hands Society Sacred Heart Angels Extraordinary Minister of Holy Communion
 Prison Ministry

If not married in a Catholic Church, has the marriage been convalidated (blessed) by a Catholic Priest or Deacon? Yes No

Children:

Name: _____ Age _____ Date of Birth _____

School _____ Grade _____

Baptism: ____/____/____ Name of Church, City & State: _____

First Communion: ____/____/____ Name of Church, City & State: _____

Confirmation: ____/____/____ Name of Church, City & State: _____

Marriage: ____/____/____ Name of Church, City & State: _____

Name: _____ Age _____ Date of Birth _____

School _____ Grade _____

Baptism: ____/____/____ Name of Church, City & State: _____

First Communion: ____/____/____ Name of Church, City & State: _____

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Marriage: ____/____/____ Name of Church, City & State: _____

Name: _____ Age _____ Date of Birth _____

School _____ Grade _____

Baptism: ____/____/____ Name of Church, City & State: _____

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Name: _____ Age _____ Date of Birth _____

School _____ Grade _____

Baptism: ____/____/____ Name of Church, City & State: _____

First Communion: ____/____/____ Name of Church, City & State: _____

Confirmation: ____/____/____ Name of Church, City & State: _____

Marriage: ____/____/____ Name of Church, City & State: _____

Language _____ Special Needs _____

I wish to receive weekly offering envelopes _____ Yes _____ No

I already receive weekly offering envelopes _____ Yes _____ No Envelope Number: _____

I want to receive the Georgia Bulletin _____ Yes _____ No