

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:	<input type="checkbox"/> Traditional Choir	<input type="checkbox"/> Folk Choir	<input type="checkbox"/> Visit Homebound & Shut Ins
	<input type="checkbox"/> Lector	<input type="checkbox"/> Rel. Ed. Teacher	<input type="checkbox"/> Knights of Columbus
	<input type="checkbox"/> Cursillo & Ultreya	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Parish Council of Catholic Women
	<input type="checkbox"/> Helping Hands Society	<input type="checkbox"/> Sacred Heart Angels	<input type="checkbox"/> Extraordinary Minister of Holy Communion
	<input type="checkbox"/> 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: _____

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	<input type="checkbox"/> Helping Hands Society	<input type="checkbox"/> Sacred Heart Angels	<input type="checkbox"/> Extraordinary Minister of Holy Communion
	<input type="checkbox"/> Prison Ministry		

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

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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: _____

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