St. Casimir of Posen Registration Form

FAMILY NAME: Last: _____ First: _____ TITLE: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

STREET ADDRESS: _____ PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE NUMBER: _____ RESIDENCY: ☐ All Year ☐ Summer ☐ Winter Months Away

MARITAL STATUS: ☐ Married ☐ Church Marriage ☐ Single ☐ Widowed ☐ Divorced ☐ Separated WILL USE ENVELOPES: ☐ Yes ☐ No (Online Giving)

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	CHILD
FIRST NAME							
LAST NAME or MAIDEN NAME							
RELIGION							
OCCUPATION							
WORK PHONE							
IF STUDENT, SCHOOL NAME & GRADE							
GENDER	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
BIRTH DATE	__/__/____	__/__/____	__/__/____	__/__/____	__/__/____	__/__/____	__/__/____
BAPTIZED	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
1ST COMMUNION	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CONFIRMATION	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
MARRIAGE DATE	__/__/____	__/__/____					
HOMEBOUND	☐ Yes ☐ No	☐ Yes ☐ No					
WISH TO SERVE * For High School Age	☐ Lector ☐ Eucharistic Min ☐ Usher ☐ Councils ☐ Religion Teacher	☐ Lector ☐ Eucharistic Min ☐ Usher ☐ Council ☐ Religion Teacher	☐ Lector ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server	☐ Lector* ☐ Eucharistic Min* ☐ Usher ☐ Altar Server

Please submit this to the Parish office. For your convenience, you may place it in the collection basket during Mass, Mail to PO Box 217, Posen MI 49776, or email to kWilk@posencatholics.org.

[All information will be kept confidential – For Parish Use Only]

FOR OFFICE USE ONLY: Envelope # _____ Registration Date: _____ Notes: _____