St. Faustina
CATHOLIC CHURCH

NEW PARISHIONER REGRISTRATION

PLEASE PRINT CLEARLY Date: _____ Par./Env # _____

Head of Household

Member Information: ☐Male ☐Female

Prefix (Required): ☐Dr. ☐Mr. ☐Ms. ☐Mrs.

Head of Household Last Name: _____ First name: _____

Middle Name: _____ Date of Birth: _____

Street Address (Include House or Apt #):_____

City: _____ State: _____Zip code:_____

Phone(Cell) number: _____ Best household email: _____

Employer company: _____Occupation: _____

Catholic? ☐Yes ☐No Interested in?: ☐Online Giving or ☐Receiving mail envelopes

Marital Status: ☐Married in Church ☐Married legally ☐Single
☐Widowed ☐Separated ☐Divorced

Volunteer Interest? ☐Lector ☐Greeter ☐Usher ☐Audio & Visual
☐Sacristan ☐Catechist ☐Music ☐Other _____

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

Preferred Language: _____

Emergency Contact (if not married): _____ Phone: _____

Spouse Information (If married)

Member Information: ☐Male ☐Female

Prefix (Required): ☐Dr. ☐Mr. ☐Ms. ☐Mrs.

First name: _____Middle Name: _____

Date of Birth: _____ Catholic? ☐Yes ☐No

Phone (Cell) number: _____ Email: _____

Employer company: _____ Occupation: _____

Volunteer Interest? ☐Lector ☐Greeter ☐Usher ☐Audio & Visual
☐Sacristan ☐Catechist ☐Music ☐Other _____

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

(Continue on back)

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REGRISTRATION

Dependents in the same household: (E.g. Children)

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation

First Name: ________________________ Relationship: ________________________

Date of Birth: ____________________ Gender: ☐Male ☐Female

Sacraments received: ☐Baptism ☐First Communion ☐Confirmation