

CHURCH OF THE ASSUMPTION ♦ REGISTRATION FORM

Family Name: _____

Address: _____ PO Box: _____

City: _____ Zip: _____

Marital Status: Single Divorced Widowed Divorced/remarried
 Married: By Catholic Priest Civilly Other (specify at bottom of page)

Marriage Date: ____/____/____ Place: _____

City: _____ State: _____

Church ID: _____ EnvelopeNo.: _____

Date: ____/____/____

Phone: (____) _____ - _____

Email: _____

Are you **Active or **Inactive**?**

Active: attend mass regularly, use contribution envelopes

Inactive: seldom attend mass, occasionally contribute

	HEAD	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Title (Mr./Ms./Dr.)							
First Name							
Last (if different)							
Ethnicity							
Sex							
Birthdate							
Birthplace							
Religion							
Baptized (Y/N)							
Date							
Church							
City/State							
Communion (Y/N)							
Confirmation (Y/N)							
Occupation							

	CHILD 6	CHILD 7	OTHER 1	OTHER 2	PARISH OFFICE USE ONLY:
Title (Mr./Ms./Dr.)					
First Name					
Last (if different)					
Ethnicity					
Sex					
Birthdate					
Birthplace					
Religion					
Baptized (Y/N)					
Date					
Church					
City/State					
Communion (Y/N)					
Confirmation (Y/N)					
Occupation					
Other:					