

CHURCH OF ALL SAINTS PARISHIONER REGISTRATION



Complete with new or updated information and return to Parish Office.

HEAD of HOUSEHOLD Please Print

Name:				Date of Birth:				
Last	First		Middle			Day	Month	Year
Home Address:								
			City		State	Zip Code		
Home Phone:			Cell Phone:					
Area Code			Area Code					
E-mail:								
Employer:			Occupation (or Previous	Occupation):				
☐ Catholic ☐ Non-Catholic.	Sacraments Received:	Baptism	Date:	Confirmation	Date:			
Church of Baptism:								
	Name		City				State	
Marital Status: ☐ Married ☐ Single 5	Divorced Widowed. Churcl	h Of Marriage:	Name		City		State	
			· manus		Oily		Otato	
SPOUSE Please Print								
Name:				Date	of Brth:			
Last	First.	M	fiddle MAIDEN	Date	JI DICII		Month	Year
E-mail:				Cell:				
mproyer.			Occupation (or Previous	ious Occupation):				
Catholic Non-Catholic.	Sacraments Received:	Baptism 🗖	Date:	Confirmation	Date:			
hurch of Baptism:								
	Name		City			-	State	17.

Dependents or Other Household Members

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Nam	Church of Baptism :		City	State
Name			Date of Baptism:	Confirmation:
			city	
Name	9 ;	Date of Birth:	Date of Baptism:	Confirmation:
	Church of Baptism :	c	ity	State
Name			Date of Baptism:	
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Name			Date of Baptism:	
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Name:		Date of Birth:	Date of Baptism:	Confirmation:
	Church of Baptism :	Cit	у	State
			Date of Baptism:	
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			Date of Baptism:	
			Pote of Pontiers	
			Date of Baptism:	
			Date of Baptism:	
lame: _	Church of Baptism :			State
lame:_			Date of Baptism:	Confirmation:
c	thurch of Baptism :	City		State