

ST. PRISCILLA PARISH NEW PARISHIONER REGISTRATION FORM

All information will be kept confidential.

Family Name: _____

Address: _____ Apt. _____
Street Address City Zip

Phone Number: - _____

Husband: First Name _____ Birthdate: ____ / ____ / ____ Ethnicity: _____ Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____ Marriage ____ Religion: _____
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Wife: First Name _____ Maiden Name _____ Birthdate: ____ / ____ / ____ Ethnicity: _____ Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____ Marriage ____ Religion: _____
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Marital Status: Married: Church ____ Civil ____ Separated ____ Single ____ Divorced ____ Widow ____
 If married, please list date and place of marriage. _____

Children:

1. **Name:** _____ **Birthdate** _____
 Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____
 Church of Baptism _____ **Now attending which school** _____
 Attends CCD - Religious Education? Yes ____ No ____ **If yes, please specify where.** _____
2. **Name:** _____ **Birthdate** _____
 Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____
 Church of Baptism _____ **Now attending which school** _____
 Attends CCD - Religious Education? Yes ____ No ____ **If yes, please specify where.** _____
3. **Name:** _____ **Birthdate** _____
 Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____
 Church of Baptism _____ **Now attending which school** _____
 Attends CCD - Religious Education? Yes ____ No ____ **If yes, please specify where.** _____
4. **Name:** _____ **Birthdate** _____
 Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____
 Church of Baptism _____ **Now attending which school** _____
 Attends CCD - Religious Education? Yes ____ No ____ **If yes, please specify where.** _____

If there is any additional information, please list them on the back of this sheet.