St. Ann's Roman Catholic Parish <u>REGISTRATION FORM</u>

		TODAY'S DATE:
FAMILY NAME:	Address:	
Сіту:	POSTAL CODE:	Номе#:
CELL#:	EMAIL:	
Adults Living in the Home:		
1)First Name:	MIDDLE:	LAST:
SEX: MF OCCUPATION:		Work#:
BIRTHDATE: / / RELIGION	N:	REGULARY PRACTICE: YES: No:
2)First Name:	MIDDLE:	LAST:
SEX: MF OCCUPATION:		Work#:
BIRTHDATE: / / RELIGION	N:	REGULARY PRACTICE: YES: No:
MARITAL STATUS: SINGLE SEPARATED	MARRIED DIVORCED	WIDOW/WIDOWERCOMMON-LAW
WIFE'S MAIDEN NAME (IF APPLICABLE)):	DATE OF MARRIAGE: / / / Y
NAME AND LOCATION OF CATHOLIC PA	RISH WHERE MARIEI	D:
Civil Marriage: Yes No:	(IF YES, PLACE WHER	RE MARIED)):
WOULD YOU LIKE A BOX OF DONATION (IF YES, THE ENVELOPES WILL BE AVAILABLE FO	ENVELOPES? YES_ OR PICK-UP IN THE VESTIBUI	NO ENV# LE OF THE CHURCH THE FOLLOWING WEEK)
WOULD YOU LIKE TO SUBSCRIBE TO THE	E BC CATHOLIC? YE	ES NO

)FIRST NAME:	FAMILY NAME:		
SEX: M F	BIRTHDATE:	M / D / Y RELIGION:	
APTISM DATE:	//	PARISH AND CITY:	
M D Y UCHARIST DATE://	M D Y//	PARISH AND CITY:	
CONFIRMATION DATE:		PARISH AND CITY:	
)FIRST NAME:		FAMILY NAME:	
SEX: M F	BIRTHDATE:	/	
BAPTISM DATE:	///	PARISH AND CITY:	
CUCHARIST DATE:	M D Y	PARISH AND CITY:	
CONFIRMATION DATE:	M D Y//	PARISH AND CITY:	
)FIRST NAME:		FAMILY NAME:	
SEX: M F	BIRTHDATE:	/	
APTISM DATE:	//	PARISH AND CITY:	
CUCHARIST DATE:	M D Y M D Y	PARISH AND CITY:	
CONFIRMATION DATE:	M D Y M D Y	PARISH AND CITY:	
l)first name:		FAMILY NAME:	
SEX: M F	BIRTHDATE:	M D Y RELIGION:	
BAPTISM DATE:	//	PARISH AND CITY:	
CUCHARIST DATE:	M D Y	PARISH AND CITY:	
CONFIRMATION DATE: $\frac{M}{M} / \frac{D}{D} / \frac{D}{M}$		PARISH AND CITY:	