

(office use only)

Date Received: _____

ID / Env. # _____

Member Registration Form



Please fill out as completely as possible, but only **Bolded** information is necessary to start registration

PRIMARY CONTACT:

Last Name: _____	First Name: _____
Middle Name: _____	Nickname: _____
Maiden Name: _____	Title: _____ Suffix: _____
Gender: _____	Religion: _____
Mailing Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Preferred Phone: _____	Home / Cell / Work _____ Unlisted? Y N
Preferred E-mail: _____	Home / Work _____
Marital Status (Circle one): Single Married Divorced Widowed	
Occupation: _____	Hobbies _____
Birth Date: _____	Place of Birth: _____
Father's Full Name: _____	
Mother's Full Name _____	Mother's Maiden: _____
Personal Phone: _____	Home / Cell / Work _____ Unlisted? Y N
Personal E-mail: _____	Home / Work _____

Catholic Baptism or Profession of Faith:

Date: _____	Are you sure about the date? Y N
Church Name: _____	Diocese: _____
Church Address: _____	

Circle Other Sacraments Received:

First Communion	Confirmation	Marriage Date: _____	Holy Orders
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Spouse Info:

Last Name: _____	First Name: _____
Middle Name: _____	Nickname: _____
Maiden Name: _____	Title: _____ Suffix: _____
Gender: _____	Religion: _____
Marital Status (Circle one): Single Married Divorced Widowed	
Occupation: _____	Hobbies _____
Birth Date: _____	Place of Birth: _____
Father's Full Name: _____	
Mother's Full Name _____	Mother's Maiden: _____
Personal Phone: _____	Home / Cell / Work _____ Unlisted? Y N
Personal E-mail: _____	Home / Work _____

Catholic Baptism or Profession of Faith:

Date: _____	Are you sure about the date? Y N
Church Name: _____	Diocese: _____
Church Address: _____	

Circle Other Sacraments Received:

First Communion	Confirmation	Marriage	Holy Orders
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Would you like information on any of the following Ministries? (Circle all interested)

Altar Serving	Arts and Environment (decorating)	Bereavement Dinners	Bible Study
Catholic Youth	Choir	Eucharistic Adoration	Eucharistic Ministering
Food Pantry	Gift Shop	Grape Festival	Hospitality
Lectoring	PRE Teacher	RCIA Teacher	Sacristan

Member Registration Form



Child #1 Would you like to register this child for PRE? Yes No
Last Name: _____ First Name: _____
Middle Name: _____ Nickname: _____
Gender: _____ Religion: _____
Last Grade Completed: _____ School / Home School: _____
Birth Date: _____ Place of Birth: _____

Catholic Baptism or Profession of Faith:
Date: _____ Are you sure about the date? Y N
Church Name: _____ Diocese: _____
Church Address: _____

Circle Other Sacraments Received:
First Communion Confirmation Marriage Holy Orders

Child #2 Would you like to register this child for PRE? Yes No
Last Name: _____ First Name: _____
Middle Name: _____ Nickname: _____
Gender: _____ Religion: _____
Last Grade Completed: _____ School / Home School: _____
Birth Date: _____ Place of Birth: _____

Catholic Baptism or Profession of Faith:
Date: _____ Are you sure about the date? Y N
Church Name: _____ Diocese: _____
Church Address: _____

Circle Other Sacraments Received:
First Communion Confirmation Marriage Holy Orders

Child #3 Would you like to register this child for PRE? Yes No
Last Name: _____ First Name: _____
Middle Name: _____ Nickname: _____
Gender: _____ Religion: _____
Last Grade Completed: _____ School / Home School: _____
Birth Date: _____ Place of Birth: _____

Catholic Baptism or Profession of Faith:
Date: _____ Are you sure about the date? Y N
Church Name: _____ Diocese: _____
Church Address: _____

Circle Other Sacraments Received:
First Communion Confirmation Marriage Holy Orders

If you have more than three children at home, please use additional sheets as necessary.