

NEW MEMBER

Initial Registration

(confirmed only)

NAME _____
(last) (first) (middle)

MAIDEN NAME (if applicable) _____

ADDRESS _____

PHONE # (home) _____ (mobile) _____

EMAIL _____

DATE OF BIRTH _____ PLACE _____

CURRENT CHURCH MEMBERSHIP (if applicable)

NAME & ADDRESS OF CONG. _____

ARE YOU BAPTIZED? _____ Y _____ N

ARE YOU CONFIRMED? _____ Y _____ N

IF STUDENT: PRESENT GRADE IN SCHOOL _____

NAME OF SCHOOL ATTENDING _____

SCHOOL DISTRICT _____

HAVE YOU RECEIVED FIRST COMMUNION? _____ Y _____ N

IF EMPLOYED: OCCUPATION _____

NAME OF EMPLOYER _____

WORK ADDRESS _____

WORK PHONE _____ WORK E-MAIL _____

PLEASE LIST NAMES AND INFO FOR ALL CHILDREN IN YOUR HOUSEHOLD **NOT YET CONFIRMED**: (if applicable)

NAME _____ AGE _____

HAVE RECEIVED FIRST COMMUNION? _____ Y _____ N

NAME _____ AGE _____

HAVE RECEIVED FIRST COMMUNION? _____ Y _____ N

NAME _____ AGE _____

HAVE RECEIVED FIRST COMMUNION? _____ Y _____ N