



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 Divorced Widowed. Church Of Marriage: _____
Name City State

SPOUSE Please Print

Name: _____ Date of Brth: _____
Last First Middle Day Month Year

E-mail: _____ Cell: _____

Employer: _____ Occupation (or Previous Occupation): _____

Catholic Non-Catholic. Sacraments Received: Baptism Date: _____ Confirmation Date: _____

Church of Baptism: _____
Name City State

