

ST. ELIZABETH ANN SETON CHURCH REGISTRATION FORM

DATE:		REGISTERED BY:		ENVELOPE NUMBER:	
MAILING ADDRESS:					
TITLE: <small>(circle one)</small> MM Mr. Mrs. Ms.	FIRST NAME		FAMILY NAME		
ADDRESS:				VILLAGE/AREA:	
CITY:			STATE:	ZIP:	
PHONE			LISTED or UNLISTED	First Language	
Emergency phone Description			CELL		
<u>Former Parish</u>				Ethnicity	
<u>City, State</u>					

Member Information:

Catholic		Non Catholic	
First and Middle Names		Nick Name	Gender
Date of Birth		Birth Place	Email
Date of Marriage		Church and City of Marriage	
Maiden Name		Work and/or Cell Phone	
Special Needs		Marital Status	

Sacrament Information	Date	Church	Location
Baptism			
Reconciliation			
First Eucharist			
Confirmation			
Catholic Marriage			

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Do you wish to have your name and address forwarded to the societies of the Church?

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