

PARISH REGISTRATION FORM

Family Name: _____ Husband/Father
 Name: _____

DOB: _____ Religion/Faith: _____

Wife Maiden Name: _____ First Name: _____

DOB: _____ Religion/Faith: _____

Married: _____ When: _____

Where: _____

Address: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Email: _____

Child's Name DOB Date of Baptism Confirmation Where

Child's Name	DOB	Date of Baptism	Confirmation	Where

Do you want envelopes? YES _____ NO _____

Automatic Withdrawal? YES _____ NO _____