

For office use only

Parish ID: _____

CODE: _____

REGISTRATION FORM FOR MEMBERSHIP IN SAINT DENIS PARISH

Please Print All Information and Return to Parish Office

DATE: _____

Family (Head of Household) Last Name:				Contribution Envelope Request: Weekly ___ Monthly ___ EFT ___ (For Electronic Funds Transfer, please call rectory for form)				
Address: City/State/Zip:				Marital Status: S / M / W / D / LT (single, married, widow, divorced, living together)		Married in Catholic Church? Yes / No		
Phone: (Home)		(Cell)		Cell Phone:		Wedding Date:		
Preferred Email:								
Occupation:				Occupation:				
Head of Household Full Name:				Spouse Full Name:		Maiden:		
Date of Birth:		Religion:		Date of Birth:		Religion:		
Church of Baptism:		Baptism: Yes / No	Communion: Yes / No	Confirmation: Yes / No		Church of Baptism:		
						Baptism: Yes / No	Communion: Yes / No	Confirmation: Yes / No
Emergency Contact:				Emergency Contact:				
Relationship/Phone: /				Relationship/Phone: /				

Additional Housed Member Information

*IF YOUR CHILDREN ARE CURRENTLY ENROLLED IN OUR RELIGIOUS EDUCATION PROGRAM, PLEASE CHECK BOX BEFORE THEIR NAME.

RE *	LIST ADDITIONAL HOUSEHOLD MEMBERS			DATE OF BIRTH			RELIGION	SACRAMENTS APPROXIMATE DATES			CHURCH OF BAPTISM	MARITAL STATUS	SCHOOL (IF CHILD)	GRADE
	Y/N	FIRST/MIDDLE/LAST	M/F	M	D	Y		BAPT	COMM	CONF				
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