

***Parishioner Registration Form - St Edward's Catholic Church –
All Information is Confidential***

Today's Date: _____ **Family Last Name:** _____

Physical Address: _____ Zip: _____

Mailing Address (if different than above (PO Box?)) _____

Primary Phone #: _____ Type: Landline Cell

Primary email address: _____

Emergency Contact Name & Phone # _____

Head of Household: Circle One: M F Date of Birth: MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last _____ Nick Name: _____

Maiden Name: _____ Prefix: Mr. Dr. Mrs. Other _____

Cellphone #: _____

Language (s): _____ Occupation: _____

Religion: _____ Circle all that apply: * Baptized * 1st Holy Communion * Confirmed

Marital Status: _____ If "Married", circle one: * Married by Catholic Priest/Deacon

* Married Civilly Only * Married by non-Catholic Clergy with dispensation * Convalidated

Other: Explain _____

Spouse: Circle One: M F Date of Birth: MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last _____ Nick Name: _____

Maiden Name: _____ Prefix: Mr. Dr. Mrs. Other _____

Cellphone #: _____

Language (s): _____ Occupation: _____

Religion: _____ Circle all that apply: * Baptized * 1st Holy Communion * Confirmed

Other notes, information, special talents or areas where you or your family wish to serve at St. Edward:

I understand that the Catholic Church of St. Edward's may list my name (s) and the name (s) of my family members in the parish bulletin or newsletter. These publications will be available on the internet. No other information (addresses, ages, birthdates, phone numbers, email addresses) will be published without my consent.

Signed _____ Dated _____

Please return registration form to the church office

Child #1: Circle One: M F Date of Birth MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last Name: _____ Nick Name: _____

Child's Phone #?: _____ Type: Cell Landline

Language(s): _____ School & Grade: _____

Religion: _____ Circle all that apply: Baptized 1st Holy Communion Confirmed

Other notes, information, special talents or areas where you wish to serve:

Child #2: Circle One: M F Date of Birth MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last Name: _____ Nick Name: _____

Child's Phone #?: _____ Type: Cell Landline

Language(s): _____ School & Grade: _____

Religion: _____ Circle all that apply: Baptized 1st Holy Communion Confirmed

Other notes, information, special talents or areas where you wish to serve:

Child #3: Circle One: M F Date of Birth MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last Name: _____ Nick Name: _____

Child's Phone #?: _____ Type: Cell Landline

Language(s): _____ School & Grade: _____

Religion: _____ Circle all that apply: Baptized 1st Holy Communion Confirmed

Other notes, information, special talents or areas where you wish to serve:

Child #4: Circle One: M F Date of Birth MM/DD/YYYY _____

First Name: _____ Middle Name: _____

Last Name: _____ Nick Name: _____

Child's Phone #?: _____ Type: Cell Landline

Language(s): _____ School & Grade: _____

Religion: _____ Circle all that apply: Baptized 1st Holy Communion Confirmed

Other notes, information, special talents or areas where you wish to serve:
