

CORPUS CHRISTI PARISH REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ SPOUSE _____ MR. MRS. MS. MISS DR. DR./MRS.

ADDRESS _____ CITY _____ ZIP _____

PHONE # _____ REGIST DATE _____ MARITAL STATUS: CHURCH MAR, MAR, SING, WID, SEP, DIV.

WINTER RESIDENT: YES NO IF YES, FROM _____ TO _____

| | HEAD OF HOUSE | SPOUSE | CHILD | CHILD | CHILD | CHILD | OTHER/CHILD |
|---------------------------------------|---------------|--------|-------|-------|-------|-------|-------------|
| FIRST NAME | | | | | | | |
| LAST NAME AND MAIDEN NAME/SPOUSE | | | | | | | |
| RELIGION | | | | | | | |
| OCCUPATION | | | | | | | |
| SCHOOL ATTENDING | | | | | | | |
| PRESENT GRADE | | | | | | | |
| SEX (MALE/FEMALE) | | | | | | | |
| BIRTH DATE (MO/D/YR) | | | | | | | |
| BAPTIZED (INDICATE YES OR NO) | | | | | | | |
| FIRST CONFESSION (INDICATE YES OR NO) | | | | | | | |
| FIRST COMMUNION (INDICATE YES OR NO) | | | | | | | |
| CONFIRMATION (INDICATE YES OR NO) | | | | | | | |
| DATE MARRIED | | | | | | | |
| PREVIOUS MINISTRIES/COMMITTEES | | | | | | | |

OFFICE USE ONLY

ENV. # _____

AREA # _____