

St. Elizabeth Ann Seton Catholic Church

Parish Registration Form

Print, complete, and return this form to the parish office.

Date: _____ Time: _____

Mail to: Mr. & Mrs. Mr. Mrs. Ms.

Name(s)

First: _____ Last: _____

First: _____ Last: _____

Maiden Name (if applicable): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone No.: (_____) _____ Check if unlisted

Email: _____

Head of Household Birthdate: _____ Religion: _____

Primary language spoken other than English: _____

Occupation: _____

Spouse / Other Birthdate: _____ Religion: _____

Primary language spoken other than English: _____

Occupation: _____

Sacraments:

Head of Household Baptism 1st Communion Confirmation

Spouse / Other Baptism 1st Communion Confirmation

Previous Parish Affiliation: _____

Children:	Birth Date	Baptism	1 st Commun	Confirmation
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Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Married in Catholic Church?

YES NO

Parish Name:

Parish City & State

Wedding Date: