



Office Use only: Entered in Servant Keeper _____

Envelope Number _____

Saint Timothy Catholic Church Parish Registration

	Head of Household	Spouse/Significant Other
Title: (circle one)	Mr. Mrs. Miss Ms. Dr. Rev. Other _____	Mr. Mrs. Miss Ms. Dr. Rev. Other _____
Name:(First – Middle-Maiden - Last)		
Gender (check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred or Nickname		
Address City, State Zip (Only one address per form)	_____ _____	
Birth Date	Date: _____/_____/_____	Date: _____/_____/_____
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Wedding Date ____/____/____ Married in a Catholic Church Yes__ No__ If Yes, Church of Marriage: _____ Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Home Phone	() - check if unlisted <input type="checkbox"/>	() -
Cell Phone	() -	() -
Work Phone	() -	() -
Email Address		
Occupation		
Employer		
Language		
Church Background	Catholic Other _____	Catholic Other _____
Sacraments	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

I would like to speak to someone regarding additional information for the following: (place check mark)

Baptism	Communion for Sick/Homebound	Annulment	Ministries (specify)
Children -Religious Education	Adult- Becoming Catholic	Wedding	Other (specify)

Children or Others – currently in the household

Name (first, middle, last)		
Birth Date	Date: ____/____/____	Date: ____/____/____
Relationship	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>
Grade		
Church Background	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____
Sacraments	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

Children or Others– currently in the household

Name (first, middle, last)		
Birth Date	Date: ____/____/____	Date: ____/____/____
Relationship	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>
Grade		
Church Background	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____
Sacraments	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

Children or Others– currently in the household

Name (first, middle, last)		
Birth Date	Date: ____/____/____	Date: ____/____/____
Relationship	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>
Grade		
Church Background	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____
Sacraments	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> Catholic Y or N First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

Is there anyone in your home who is experiencing some disability and to whom our community may be able to minister? If so, please give their name and their particular need. _____
