



Office Use only: Date Received in Office/NPW _____ Entered in OSV _____
Entered in Parish Soft _____ DUID Number _____ Env. Number _____

Saint Timothy Catholic Church Parish Registration

Relationship choose one	Husband Wife Head Adult	Husband Wife Head Adult
Title	Mr. Mrs. Miss Ms. Dr. Rev.	Mr. Mrs. Miss Ms. Dr. Rev.
Name: First Middle Maiden Last	First Middle Maiden Last	First Middle Maiden Last
Preferred or Nickname		
Gender check one	Male Female	Male Female
Birth Date & Place	DOB: ____/____/____ Place _____	DOB: ____/____/____ Place _____
Email Address		
Address City, State Zip Only one address per form	Primary Family Phone Number _____ _____	
Marital Status	Single 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"/> Location : _____	
Home Phone	check if unlisted <input type="checkbox"/>	
Cell Phone		
Work Phone		
Emergency Phone		
Emergency Contact Name		
Language		
Ethnicity (Optional)		
Occupation		
Employer		
Religion	Catholic Other- Specify _____	Catholic Other- Specify _____
Sacraments Check box if Sacrament was in the Catholic Church	Baptized First Communion Confirmation	Baptized First Communion Confirmation

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, Parents or Others currently in the household

Name First Middle Last	First Middle Last	First Middle Last
Birth Date & Place	DOB: ____/____/____ Place _____	DOB: ____/____/____ Place _____
Relationship/Role	Son Daughter Other- Specify _____	Son Daughter Other- Specify _____
Grade		
Church Background	Catholic Other- Specify _____	Catholic Other- Specify _____
Language & Ethnicity (Opt)		
Sacraments Check box if Sacrament was in the Catholic Church	Baptized First Communion Confirmation	Baptized First Communion Confirmation

Children, Parents or Others currently in the household

Name First Middle Last	First Middle Last	First Middle Last
Birth Date & Place	DOB: ____/____/____ Place _____	DOB: ____/____/____ Place _____
Relationship/Role	Son Daughter Other- Specify _____	Son Daughter Other- Specify _____
Grade		
Church Background	Catholic Other- Specify _____	Catholic Other- Specify _____
Language & Ethnicity(Opt)		
Sacraments Check box if Sacrament was in the Catholic Church	Baptized First Communion Confirmation	Baptized First Communion Confirmation

Children, Parents or Others currently in the household

Name First Middle Last	First Middle Last	First Middle Last
Birth Date & Place	DOB: ____/____/____ Place _____	DOB: ____/____/____ Place _____
Relationship/Role	Son Daughter Other- Specify _____	Son Daughter Other- Specify _____
Grade		
Church Background	Catholic Other- Specify _____	Catholic Other- Specify _____
Language & Ethnicity(Opt)		
Sacraments Check box if Sacrament was in the Catholic Church	Baptized First Communion Confirmation	Baptized First Communion Confirmation

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:
