

Saint Ann Parish - Registration Form

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PLEASE PRINT CLEARLY

Family Page

Last name/Family name: _____ Active: _____ Inactive: _____

Envelope #: _____

First name(s): _____ (i.e. Mary and Joseph)

Mailing name: _____ (i.e. Mr. and Mrs. Joseph Smith)

Primary Address:

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Emergency #: _____

E-mail Address: _____

Currently registered: _____ yes _____ no Years in Parish: _____

Family Members beginning with head of house, spouse and then children.

Husband or head of house:

First name: _____ Middle: _____ Last: _____

Gender: _____ M Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

Wife or head of house:

First name: _____ Middle: _____ Last (Maiden): _____

Gender: _____ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

Child:

First name: _____ Middle: _____ Last: _____

Gender: _____ M _____ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

Child:

First name: _____ Middle: _____ Last: _____

Gender: ___ M ___ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

***** ***** ***** ***** ***** ***** ***** ***** *****

Child:

First name: _____ Middle: _____ Last: _____

Gender: ___ M ___ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

***** ***** ***** ***** ***** ***** ***** ***** *****

Child:

First name: _____ Middle: _____ Last: _____

Gender: ___ M ___ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

***** ***** ***** ***** ***** ***** ***** ***** *****

Child:

First name: _____ Middle: _____ Last: _____

Gender: ___ M ___ F Age: _____ Date of Birth: _____ E-Mail: _____

Please indicate year the Sacrament was received, if known.

Baptism: _____ First Communion: _____ Reconciliation: _____

Confirmation: _____ Marriage: _____ RCIA: _____

***** ***** ***** ***** ***** ***** ***** ***** *****

N.B. Please indicate the name of anyone in your household who is unable to get out to Mass.

Name: _____

Communion is brought to this person: ___yes ___no

If yes, by whom _____

If no, please contact the rectory if someone needs Communion for the sick or homebound.