

**SAINT MONICA CATHOLIC CHURCH
PARISH REGISTRATION FORM**

Family Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ His Cell: _____ Her Cell: _____

E-Mail: _____

.....
Husband's Information:

Name: _____ Date of Birth: _____ Religion: _____

Occupation: _____

**Ethnic Background: Caucasian _____ African American _____ Native American _____ Hispanic _____
Oriental _____ Filipino _____ Other _____ (**For Diocesan Records only.)

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widower _____

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: _____ First Communion _____ Confirmation _____

Married by Catholic Priest? _____

Church of Baptism _____ City/State _____

.....
Wife's Information:

Name: _____ Maiden Name: _____

Date of Birth: _____ Religion: _____ Occupation: _____

**Ethnic Background: Caucasian _____ African American _____ Native American _____ Hispanic _____
Oriental _____ Filipino _____ Other _____ (**For Diocesan Records only.)

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widower _____

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: _____ First Communion _____ Confirmation _____

Married by Catholic Priest? _____

Church of Baptism _____ City/State _____

.....
I want to use Envelopes _____ Checks _____ for my weekly contribution to my Parish.

Only those who use Envelopes or Checks will receive an annual report for tax purposes.

Please complete back of form. Thank you.

Sacraments Received
Please answer Y or N (Yes/No)

Name	Date of Birth	School Attending	Grade	Baptism	First Communion	Confirmation
Others in Home		Religion				

Please indicate Church, City and State where each child was Baptized:

Please indicate (✓) which Ministries you or members of your family would be interested in giving of your **Time** or **Talent**.

- | | |
|---|---|
| <input type="checkbox"/> Altar Care
<input type="checkbox"/> Altar Servers (5 th Grade or older)
<input type="checkbox"/> Beautification
<input type="checkbox"/> of Church
<input type="checkbox"/> of Grounds
<input type="checkbox"/> Bereavement Ministry
<input type="checkbox"/> Bread Basket Ministry/Bread of Life
<input type="checkbox"/> CCF Teacher/Substitute/VBS
<input type="checkbox"/> Extraordinary Ministers of Holy Communion
<input type="checkbox"/> at Mass
<input type="checkbox"/> to the Sick/Shut-ins
<input type="checkbox"/> Floral Ministry | <input type="checkbox"/> Food Pantry
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Knights of Columbus
<input type="checkbox"/> Ladies Guild
<input type="checkbox"/> Music Ministry
<input type="checkbox"/> RCIA
<input type="checkbox"/> Respect Life
<input type="checkbox"/> Reader
<input type="checkbox"/> Saint Rose of Lima Circle
<input type="checkbox"/> Small Christian Community
<input type="checkbox"/> Ushers/Greeters
<input type="checkbox"/> Youth Ministry "Thirst" |
|---|---|

Describe other Talents you/your family may have:

Please give directions to your home if you live outside the city limits.
