## St. Michael Parish



## New Parishioner Registration Form

ME ADDRESS		
	Preferred	d/Nick Name:
sehold: 🛛 Spouse 🗆 Son	Daughter Dother:	
□ Active □ Inactive	Gender:	Male     Female
/ /	Maiden Name:	
	Birth Place:	
□ Catholic	Work Phone:	( ) -
□ Other:	Cell Phone:	( ) -
	Marital Status:	□ Married □ Single
		□ Divorced □ Widowed
/ /	Church Name/Location:	
AME ADDRESS	Droforro	d/Nick Name:
sobold:		
	-	□ Male □ Female
	Birth Place:	
Catholic	Work Phone:	( ) -
□ Other:	Cell Phone:	( ) -
	Marital Status:	□ Married □ Single
		□ Divorced □ Widowed
/ /	Church Name/Location:	
	Church Name/Location:	
/ /	Church Name/Location.	
	Church Name/Location:	
	sehold:       □ Spouse       □ Son         □ Active       □ Inactive         /       /         □ Catholic       □         □ Other:	Preferred sehold:  Spouse  Son  Daughter  Other:  Summary  Spouse  Spo

		I	PAR		t <b>. Mich</b> 1225 Na Wheeling	GISTRAT ael Pari tional Road WV 26003 2.1560					Rev:	10/28/15
FAMILY INFORMATION												
Last Name:						Registrat	tion Date:			/	/	
Family Email:						Envelope	e Number:					
Home Phone:	(	)	-			Emerger	ncy Phone:	(	)	-		
ADDRESS INFORMATION						_						
Home Address:												
City:							State:	Zip:				
Mailing Address (if differe	nt fr	om	home	e add	lress)							
Mailing Address:												
City:							State:	Zip:				

*Please check all that apply* □ OK to Publish Phone □ OK to Publish Address □ OK to Publish Email □ Wish to Receive Contributions Envelopes

HEAD OF HOUSEHOLD INFORMATION						
Full Name:			Preferred/Nick Name:			
Status at Parish:	□ Active	□ Inactive	Gender:	□ Male □ Fe	emale	
Date of Birth:	/	/	Maiden Name:			
Member Email:			Birth Place:			
Religion:	□ Catholic		Work Phone:	( ) -		
	Other:		Cell Phone:	( ) -		
Occupation:			Marital Status:	□ Married	□ Single	
				□ Divorced	□ Widowed	
Sacramental Information						
Baptism	/	/	Church Name/Location:			
□ First Reconciliation	/	/	Church Name/Location:			
□ First Eucharist	/	/	Church Name/Location:			
□ Confirmation	/	/	Church Name/Location:			
Catholic Marriage	/	/	Church Name/Location:			

Please complete and return this form to the Parish Office.

MEMBER #2 LIVING AT SA		6		
Full Name:			Preferred	d/Nick Name:
Relationship to Head of Hou	sehold: 🗆 S	Spouse 🗆 Son	Daughter D Other:	
Status at Parish:	□ Active	□ Inactive	Gender:	Male     Female
Date of Birth:	/	/	Maiden Name:	
Member Email:			Birth Place:	
Religion:	Catholic		Work Phone:	( ) -
	Other:		Cell Phone:	( ) -
Occupation:			Marital Status:	□ Married □ Single
				□ Divorced □ Widowed
Sacramental Information				
Baptism	/	/	Church Name/Location:	
□ First Reconciliation	/	/	Church Name/Location:	
□ First Eucharist	/	/	Church Name/Location:	
□ Confirmation	/	/	Church Name/Location:	
Catholic Marriage	/	/	Church Name/Location:	
		_		
MEMBER #3 LIVING AT SA	AME ADDRESS	3		
Full Name:				d/Nick Name:
Full Name: Relationship to Head of Hou	sehold: 🗆 S	Spouse 🗆 Son	Daughter Other:	
Full Name: Relationship to Head of Hou Status at Parish:			□ Daughter □ Other: Gender:	
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth:	sehold: 🗆 S	Spouse 🗆 Son	Daughter Other: Gender: Maiden Name:	
Full Name: Relationship to Head of Hou Status at Parish:	sehold:	Spouse 🗆 Son	□ Daughter □ Other: Gender: Maiden Name: Birth Place:	
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth:	sehold: 🗆 S	Spouse 🗆 Son	Daughter Other: Gender: Maiden Name:	
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email:	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place:	
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email:	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone:	
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion:	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone:	□ Male □ Female ( ) - ( ) -
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion:	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone:	□ Male □ Female ( ) - ( ) - □ Married □ Single
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion: Occupation:	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone:	□ Male □ Female ( ) - ( ) - □ Married □ Single
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion: Occupation: <b>Sacramental Information</b>	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone: Marital Status:	□ Male □ Female ( ) - ( ) - □ Married □ Single
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion: Occupation: <b>Sacramental Information</b>	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone: Marital Status: Church Name/Location:	□ Male □ Female ( ) - ( ) - □ Married □ Single
Full Name: Relationship to Head of Hou Status at Parish: Date of Birth: Member Email: Religion: Occupation: <b>Sacramental Information</b> Baptism First Reconciliation	sehold:	Spouse	□ Daughter □ Other: Gender: Maiden Name: Birth Place: Work Phone: Cell Phone: Marital Status: Church Name/Location: Church Name/Location:	□ Male □ Female ( ) - ( ) - □ Married □ Single